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(71) Applicant (for all designated States except US): **WYETH HOLDINGS CORPORATION [US/US]**; Five Giralta Farms, Madison, NJ 07940 (US).

(72) Inventors; and

(75) Inventors/Applicants (for US only): **KUNZ, Arthur [US/US]**; 11 Jennifer Drive, New City, NY 10956 (US). **MORAN, Justin, Keith [US/US]**; 682 Sierra Vista Lane, Valley Cottage, NY 10989 (US). **RUBINO, Joseph, Thomas [US/US]**; 4 Sunrise Way, Towaco, NJ 07082

(US). **JAIN, Neera [CA/US]**; 6 Capral Lane, New City, NY 10956 (US). **VIDUNAS, Eugene, Joseph [US/US]**; 30 Witte Drive, Middletown, NY 10940 (US). **SIMPSON, John, McLean [US/US]**; 417 Maple Avenue, Upper Nyack, NY 10960 (US). **ROBBINS, Paul, David [US/US]**; 403 Aster Street, Upper Nyack, NY 10960 (US). **MERCHANT, Nishith [US/US]**; 115 E. Harriet Avenue, Palisades Park, NJ 07650 (US). **DIJOSEPH, John, Francis [US/US]**; 571 Linden Avenue, Woodbridge, NJ 07095 (US). **RUPPEN, Mark, Edward [US/US]**; 6 Lea Court, Garverville, NY 10923 (US). **DAMLE, Nitin, Krishnaji [US/US]**; 53 Stevenson Lane, Upper Saddle River, NJ 07458 (US). **POPPELWELL, Andrew, George [GB/GB]**; 77 Grosvenor Road, Staines, Middlesex TW18 2RN (GB).

(74) Agents: **CALNAN, William, H. et al.**; Wyeth, Patent Law Department, Five Giralta Farms, Madison, NJ 07940 (US).

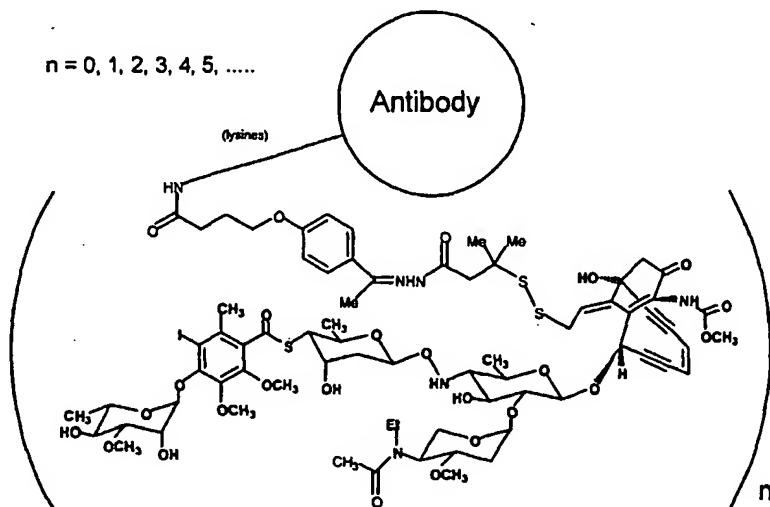
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(54) Title: CALICHEAMICIN DERIVATIVE-CARRIER CONJUGATES

STRUCTURE OF AN ANTIBODY-NAC-GAMMA CALICHEAMICIN DMH CONJUGATE

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(57) Abstract: Methods for preparing monomeric cytotoxic drug/carrier conjugates with a drug loading significantly higher than in previously reported procedures and with decreased aggregation and low conjugate fraction (LCF) are described. Cytotoxic drug derivative/antibody conjugates, compositions comprising the conjugates and uses of the conjugates are also described. Monomeric calicheamicin derivative/anti-CD22 antibody conjugates, compositions comprising the conjugates and uses of the conjugates are also described.

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CALICHEAMICIN DERIVATIVE-CARRIER CONJUGATES

FIELD OF THE INVENTION

5 The present invention relates to methods for the production of monomeric cytotoxic drug/carrier conjugates (the "conjugates") with higher drug loading and substantially reduced low conjugate fraction (LCF). Particularly, the invention relates to anti-CD22 antibody-monomeric calicheamicin conjugates. The invention also relates to the conjugates of the invention, to methods of purification of the
10 conjugates, to pharmaceutical compositions comprising the conjugates, and to uses of the conjugates.

BACKGROUND OF THE INVENTION

15 Drug conjugates developed for systemic pharmacotherapy are target-specific cytotoxic agents. The concept involves coupling a therapeutic agent to a carrier molecule with specificity for a defined target cell population. Antibodies with high affinity for antigens are a natural choice as targeting moieties. With the availability of high affinity monoclonal antibodies, the prospects of antibody-targeting therapeutics
20 have become promising. Toxic substances that have been conjugated to monoclonal antibodies include toxins, low-molecular-weight cytotoxic drugs, biological response modifiers, and radionuclides. Antibody-toxin conjugates are frequently termed immunotoxins, whereas immunoconjugates consisting of antibodies and low-molecular-weight drugs such as methotrexate and Adriamycin are called
25 chemoimmunoconjugates. Immunomodulators contain biological response modifiers that are known to have regulatory functions such as lymphokines, growth factors, and complement-activating cobra venom factor (CVF). Radioimmunoconjugates consist of radioactive isotopes, which may be used as therapeutics to kill cells by their radiation or used for imaging. Antibody-mediated specific delivery of cytotoxic drugs
30 to tumor cells is expected to not only augment their anti-tumor efficacy, but also prevent nontargeted uptake by normal tissues, thus increasing their therapeutic indices

The present invention relates to immunoconjugates comprising an antibody as a targeting vehicle and having specificity for antigenic determinants on the surface of malignant cells conjugated to a cytotoxic drug. The invention relates to cytotoxic drug-antibody conjugates, wherein the antibody has specificity for antigenic determinants on B-malignancies, lymphoproliferative disorders and chronic inflammatory diseases. The present invention also relates to methods for producing immunoconjugates and to their therapeutic use(s).

A number of antibody-based therapeutics for treating a variety of diseases including cancer and rheumatoid arthritis have been approved for clinical use or are 5 in clinical trials for a variety of malignancies including B-cell malignancies such as Non-Hodgkin's lymphoma. One such antibody-based therapeutic is rituximab (Rituxan™), an unlabelled chimeric human γ_1 (+my1V-region) antibody, which is specific for cell surface antigen CD20, which is expressed on B-cells. These antibody based therapeutics rely either on complement-mediated cytotoxicity (CDCC) 10 or antibody-dependent cellular cytotoxicity (ADCC) against B cells, or on the use of radionuclides, such as ^{131}I or ^{90}Y , which have associated preparation and use problems for clinicians and patients. Consequently, there is a need for the generation of immunoconjugates which can overcome the shortcomings of current 15 antibody-based therapeutics to treat a variety of malignancies including hematopoietic malignancies like non-Hodgkin's lymphoma (NHL), which can be produced easily and efficiently, and which can be used repeatedly without inducing 20 an immune response.

Immunoconjugates comprising a member of the potent family of antibacterial and antitumor agents, known collectively as the calicheamicins or the LL-E33288 25 complex, (see U.S. Patent No. 4,970,198 (1990)), were developed for use in the treatment of myelomas. The most potent of the calicheamicins is designated γ_1 , which is herein referenced simply as gamma. These compounds contain a methyltrisulfide that can be reacted with appropriate thiols to form disulfides, at the same time introducing a functional group such as a hydrazide or other functional group that is 30 useful in attaching a calicheamicin derivative to a carrier. (See U.S. Patent No. 5,053,394). The use of the monomeric calicheamicin derivative/carrier conjugates in developing therapies for a wide variety of cancers has been limited both by the availability of specific targeting agents (carriers) as well as the conjugation

methodologies which result in the formation of protein aggregates when the amount of the calicheamicin derivative that is conjugated to the carrier (*i.e.*, the drug loading) is increased. Since higher drug loading increases the inherent potency of the conjugate, it is desirable to have as much drug loaded on the carrier as is consistent with retaining
5 the affinity of the carrier protein. The presence of aggregated protein, which may be nonspecifically toxic and immunogenic, and therefore must be removed for therapeutic applications, makes the scale-up process for the production of these conjugates more difficult and decreases the yield of the products. The amount of calicheamicin loaded on the carrier protein (the drug loading), the amount of aggregate that is formed in the
10 conjugation reaction, and the yield of final purified monomeric conjugate that can be obtained are all related. A compromise must therefore be made between higher drug loading and the yield of the final monomer by adjusting the amount of the reactive calicheamicin derivative that is added to the conjugation reaction.

The tendency for cytotoxic drug conjugates, especially calicheamicin conjugates
15 to aggregate is especially problematic when the conjugation reactions are performed with the linkers described in U.S. Patent No. 5,877,296 and U.S. Patent No. 5,773,001, which are incorporated herein in their entirety. In this case, a large percentage of the conjugates produced are in an aggregated form, and it is quite difficult to purify conjugates made by these original processes (CMA process) for therapeutic use. For
20 some carrier proteins, conjugates with even modest loadings are virtually impossible to make except on a small scale. Consequently, there is a critical need to improve methods for conjugating cytotoxic drugs, such as the calicheamicins, to carriers that minimize the amount of aggregation and thereby allow for as high a drug loading as possible with a reasonable yield of product.

25 Previously, conjugation methods for preparing monomeric calicheamicin derivative/carrier with higher drug loading/yield and decreased aggregation were disclosed (see U.S. Patent No. 5,712,374 and U.S. Patent No. 5,714,586, incorporated herein in their entirety). Although these processes resulted in conjugate preparations with substantially reduced aggregate content, it was discovered later that it produced
30 conjugates containing undesirably high levels (45-65% HPLC Area %) of a low conjugated fraction (LCF), a fraction consisting mostly of unconjugated antibody. The presence of the LCF in the product is an inefficient use of the antibody, as it does not contain the cytotoxic drug. It may also compete with the calicheamicin-carrier conjugate

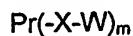
for the target and potentially reduce the targetability of the latter resulting in reduced efficacy of the cytotoxic drug. Therefore, an improved conjugation process that would result in significantly lower levels of the LCF and have acceptable levels of aggregation, without significantly altering the physical properties of the conjugate, is desirable.

5

SUMMARY OF THE INVENTION

The present invention relates to methods for the production of monomeric cytotoxic drug derivative/carrier conjugates (the "conjugates") with higher loading and 10 substantially reduced low conjugate fraction (LCF). Particularly, the invention relates to the production of monomeric calicheamicin derivative-carrier conjugates, to the conjugates, to compositions, to a method of purification of the conjugates, and to use of the conjugates. More particularly, the invention relates to methods for producing a monomeric calicheamicin derivative-anti-CD22 antibody conjugate (CMC-544).

15 In one embodiment, the present invention discloses an improved conjugation process for the production of the conjugates that resulted in significantly lower levels of the LCF (below 10 percent) without any significant alteration of the physical or chemical properties. The invention also discloses a further improvement to the conjugation process which results in not only a significant reduction in the levels of 20 the LCF, but also results in a significant reduction in aggregation from previously disclosed processes, and produces substantially increased drug loading. The conjugates of the present invention have the formula:



wherein:

25 Pr is a proteinaceous carrier,

X is a linker that comprises a product of any reactive group that can react with a proteinaceous carrier,

W is a cytotoxic drug;

m is the average loading for a purified conjugation product such that the cytotoxic 30 drug constitutes 7 - 9% of the conjugate by weight; and

$(-\text{X}-\text{W})_m$ is a cytotoxic drug derivative.

The conjugates of the present invention, in one embodiment, are generated by the method of the invention comprising the steps of: (1) adding the cytotoxic drug

derivative to the proteinaceous carrier wherein the cytotoxic drug derivative is 4.5 - 11% by weight of the proteinaceous carrier; (2) incubating the cytotoxic drug derivative and a proteinaceous carrier in a non-nucleophilic, protein-compatible, buffered solution having a pH in a range from about 7 to 9 to produce a monomeric
5 cytotoxic drug/carrier conjugate, wherein the solution further comprises (a) an organic cosolvent, and (b) an additive comprising at least one C₆-C₁₈ carboxylic acid or its salt, and wherein the incubation is conducted at a temperature ranging from about 30°C to about 35°C for a period of time ranging from about 15 minutes to 24 hours; and (3) subjecting the conjugate produced in step (2) to a chromatographic
10 separation process to separate the monomeric cytotoxic drug derivative/proteinaceous carrier conjugates with a loading in the range of 4 - 10 % by weight of cytotoxic drug and with low conjugated fraction (LCF) below 10 percent from unconjugated proteinaceous carrier, cytotoxic drug derivative, and aggregated conjugates.

15 In one aspect of the invention, the proteinaceous carrier of the conjugate is selected from a group consisting of hormones, growth factors, antibodies, antibody fragments, antibody mimics, and their genetically or enzymatically engineered counterparts.

20 In one embodiment, the proteinaceous carrier is an antibody. In a preferred embodiment, the antibody is selected from a group consisting of a monoclonal antibody, a chimeric antibody, a human antibody, a humanized antibody, a single chain antibody, a Fab fragment and a F(ab)2 fragment.

In another embodiment, the humanized antibody is directed against the cell surface antigen CD22.

25 In a preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody, and comprises a light chain variable region 5/44-gL1 (SEQ ID NO:19), and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).

30 In another preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28.

In yet another preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a heavy chain having a sequence set forth in SEQ ID NO:30.

In another preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28 and a heavy chain having a sequence set forth in SEQ ID NO: 30.

5 In another embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody that is a variant antibody obtained by an affinity maturation protocol and has increased specificity for human CD22.

In another aspect, the cytotoxic drug used to generate the monomeric cytotoxic drug/carrier conjugate of the present invention is either an inhibitor of tubulin polymerization, an alkylating agent that binds to and disrupts DNA, an inhibitor 10 protein synthesis, or an inhibitor of tyrosine kinases.

In one embodiment, the cytotoxic drug is selected from calicheamicins, thiotepea, taxanes, vincristine, daunorubicin, doxorubicin, epirubicin, esperamicins, actinomycin, authramycin, azaserines, bleomycins, tamoxifen, idarubicin, dolastatins/auristatins, hemiasterlins, and maytansinoids.

15 In a preferred embodiment, the cytotoxic drug is calicheamicin. In a particularly preferred embodiment, the calicheamicin is gamma calicheamicin or N-acetyl gamma calicheamicin derivative.

20 In yet another aspect, the cytotoxic drug is functionalized with 3-mercaptopro-3-methyl butanoyl hydrazide and conjugated to a proteinaceous carrier via a hydrolyzable linker that is capable of releasing the cytotoxic drug from the conjugate after binding and entry into target cells.

In a preferred embodiment of this aspect, the hydrolyzable linker is 4-(4-acetylphenoxy) butanoic acid (AcBut).

25 In yet another aspect of the invention, octanoic acid or its salt, or decanoic acid or its salt is used as an additive during the conjugation process to decrease aggregation and increase drug loading.

In yet another aspect of the invention, the conjugates of the invention are purified by a chromatographic separation process.

30 In one embodiment, the chromatographic separation process used to separate the monomeric drug derivative-carrier conjugate is size exclusion chromatography (SEC).

In another embodiment, the chromatographic separation process used to separate the monomeric drug derivative-carrier conjugate is HPLC, FPLC or Sephadryl S-200 chromatography.

5 In a preferred embodiment, the chromatographic separation process used to separate the monomeric drug derivative-carrier conjugate is hydrophobic interaction chromatography (HIC). In a particularly preferred embodiment, HIC is carried out using Phenyl Sepharose 6 Fast Flow chromatographic medium, Butyl Sepharose 4 Fast Flow chromatographic medium, Octyl Sepharose 4 Fast Flow chromatographic medium, Toyopearl Ether-650M chromatographic medium, Macro-Prep methyl HIC
10 medium or Macro-Prep t-Butyl HIC medium. In a more particularly preferred embodiment, HIC is carried out using Butyl Sepharose 4 Fast Flow chromatographic medium.

15 In another aspect, the invention is directed to a monomeric cytotoxic drug derivative/carrier conjugate produced by the method of the invention. In a preferred embodiment of this aspect, the cytotoxic drug used is calicheamicin and the carrier used is an antibody.

20 In another preferred embodiment, the antibody is selected from a group consisting of a monoclonal antibody, a chimeric antibody, a human antibody, a humanized antibody, a single chain antibody, a Fab fragment and a F(ab)2 fragment.
In a more particularly preferred aspect, a humanized antibody directed against the cell surface antigen CD22 is used.

25 In one embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody, and comprises a light chain variable region 5/44-gL1 (SEQ ID NO:19), and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).

In another embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28.

30 In a preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a heavy chain having a sequence set forth in SEQ ID NO: 30.

In another preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28 and a heavy chain having a sequence set forth in SEQ ID NO: 30.

In still another embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody that is a variant antibody obtained by an affinity maturation protocol which has increased specificity for human CD22.

5 In a preferred embodiment, the calicheamicin is gamma calicheamicin or N-acetyl gamma calicheamicin.

In one embodiment, the calicheamicin derivative is functionalized with 3-mercaptopropanoic acid.

10 In another embodiment, the linker used to conjugate the drug to the carrier is a hydrolyzable linker that is capable of releasing the cytotoxic drug from the conjugate after binding and entry into target cells. In a preferred embodiment, the hydrolyzable linker is 4-(4-acetylphenoxy) butanoic acid (AcBut).

15 Another aspect of the invention is directed to a monomeric calicheamicin derivative/anti-CD22 antibody conjugate having the formula, $\text{Pr}(-\text{X}-\text{S}-\text{S}-\text{W})_m$ wherein: Pr is an anti-CD22 antibody; X is a hydrolyzable linker that comprises a product of any reactive group that can react with an antibody; W is a calicheamicin radical; m is the average loading for a purified conjugation product such that the calicheamicin constitutes 4 - 10% of the conjugate by weight; and $(-\text{X}-\text{S}-\text{S}-\text{W})_m$ is a calicheamicin derivative generated by the process of the invention.

20 In one embodiment of this aspect, the antibody is selected from a group consisting of a monoclonal antibody, a chimeric antibody, a human antibody, a humanized antibody, a single chain antibody, a Fab fragment and a F(ab)2 fragment.

25 In a preferred embodiment, the antibody is an anti-CD22 antibody that has specificity for human CD22, and comprises a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given as H1 in Figure 1 (SEQ ID NO:1) for CDR-H1, as H2 in Figure 1 (SEQ ID NO:2) or H2' (SEQ ID NO:13) or H2'' (SEQ ID NO:15) or H2''' (SEQ ID NO:16) for CDR-H2, or as H3 in Figure 1 (SEQ ID NO:3) for CDR-H3, and comprises a light chain wherein the variable domain comprises a CDR having at least one of the sequences given as L1 in Figure 1 (SEQ ID NO:4) for CDR-L1, as L2 in Figure 1 (SEQ ID NO:5) for CDR-L2, or as L3 in Figure 1 (SEQ ID NO:6) for CDR-L3.

30 In another preferred embodiment, the anti-CD22 antibody comprises a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:1 for CDR-H1, SEQ ID NO:2 or SEQ ID NO:13 or

SEQ ID NO:15 or SEQ ID NO:16 for CDR-H2, or SEQ ID NO:3 for CDR-H3, and a light chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2, or SEQ ID NO:6 for CDR-L3.

5 In yet another preferred embodiment, the anti-CD22 antibody comprises SEQ ID NO:1 for CDR-H1, SEQ ID NO: 2 or SEQ ID NO:13 or SEQ ID NO:15 or SEQ ID NO:16 for CDR-H2, SEQ ID NO:3 for CDR-H3, SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2, and SEQ ID NO:6 for CDR-L3.

10 In another embodiment, the humanized anti-CD22 antibody is a CDR-grafted anti-CD22 antibody and comprises a variable domain comprising human acceptor framework regions and non-human donor CDRs.

15 In another embodiment, the humanized anti-CD22 antibody has a human acceptor framework wherein regions of the variable domain of the heavy chain of the antibody are based on a human sub-group I consensus sequence and comprise non-human donor residues at positions 1, 28, 48, 71 and 93. In another embodiment, the humanized antibody further comprises non-human donor residues at positions 67 and 69.

20 In one preferred embodiment, the CDR-grafted humanized antibody comprises a variable domain of the light chain comprising a human acceptor framework region based on a human sub-group I consensus sequence and further comprising non-human donor residues at positions 2, 4, 37, 38, 45 and 60. In another embodiment, the CDR-grafted antibody further comprises a non-human donor residue at position 3.

25 In yet another embodiment, the CDR-grafted antibody comprises a light chain variable region 5/44-gL1 (SEQ ID NO:19) and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).

In another embodiment, the CDR-grafted antibody comprises a light chain having the sequence as set forth in SEQ ID NO: 28 and a heavy chain having the sequence as set forth in SEQ ID NO:30.

30 In yet another embodiment, the CDR-grafted antibody comprises a light chain having the sequence as set forth in SEQ ID NO: 28 and a heavy chain having the sequence as set forth in SEQ ID NO: 30.

In one embodiment, the anti-CD22 CDR-grafted antibody is a variant antibody obtained by an affinity maturation protocol and has increased specificity for human CD22.

5 In another embodiment, the anti-CD22 antibody is a chimeric antibody comprising the sequences of the light and heavy chain variable domains of the monoclonal antibody set forth in SEQ ID NO:7 and SEQ ID NO:8, respectively.

In yet another embodiment, the anti-CD22 antibody comprises a hybrid CDR with a truncated donor CDR sequence wherein the missing portion of the donor CDR is replaced by a different sequence and forms a functional CDR.

10 In a particularly preferred embodiment, the cytotoxic drug derivative is either a gamma calicheamicin or a N-acetyl gamma calicheamicin derivative.

In another aspect, the invention is directed to a method for the preparation of a stable lyophilized composition of a monomeric cytotoxic drug derivative/carrier conjugate. In a preferred embodiment, the stable lyophilized composition of the 15 monomeric cytotoxic drug derivative/carrier conjugate is prepared by (a) dissolving the monomeric cytotoxic drug derivative/carrier conjugate to a final concentration of 0.5 to 2 mg/ml in a solution comprising a cryoprotectant at a concentration of 1.5%-5% by weight, a polymeric bulking agent at a concentration of 0.5-1.5% by weight, electrolytes at a concentration of 0.01M to 0.1M, a solubility facilitating agent at a 20 concentration of 0.005-0.05% by weight, buffering agent at a concentration of 5-50 mM such that the final pH of the solution is 7.8-8.2, and water; (b) dispensing the above solution into vials at a temperature of +5°C to +10°C; (c) freezing the solution at a freezing temperature of -35°C to -50°C; (d) subjecting the frozen solution to an initial freeze drying step at a primary drying pressure of 20 to 80 microns at a shelf 25 temperature at -10°C to -40°C for 24 to 78 hours; and (e) subjecting the freeze-dried product of step (d) to a secondary drying step at a drying pressure of 20 to 80 microns at a shelf temperature of +10°C to + 35°C for 15 to 30 hours.

In one embodiment, the cryoprotectant used in the lyophilization of the 30 cytotoxic drug/carrier conjugate is selected from alditol, mannitol, sorbitol, inositol, polyethylene glycol, aldonic acid, uronic acid, aldaric acid, aldoses, ketoses, amino sugars, alditols, inositols, glyceraldehydes, arabinose, lyxose, pentose, ribose, xylose, galactose, glucose, hexose, idose, mannose, talose, heptose, glucose, fructose, gluconic acid, sorbitol, lactose, mannitol, methyl α-glucopyranoside,

maltose, isoascorbic acid, ascorbic acid, lactone, sorbose, glucaric acid, erythrose, threose, arabinose, allose, altrose, gulose, idose, talose, erythrulose, ribulose, xylulose, psicose, tagatose, glucuronic acid, gluconic acid, glucaric acid, galacturonic acid, mannuronic acid, glucosamine, galactosamine, sucrose, trehalose, neuraminic acid, arabinans, fructans, fucans, galactans, galacturonans, glucans, mannans, xylans, levan, fucoidan, carrageenan, galactocarolose, pectins, pectic acids, amylose, pullulan, glycogen, amylopectin, cellulose, dextran, pustulan, chitin, agarose, keratin, chondroitin, dermatan, hyaluronic acid, alginic acid, xanthan gum, starch, sucrose, glucose, lactose, trehalose, ethylene glycol, polyethylene glycol, 10 polypropylene glycol, glycerol, and pentaerythritol.

In a preferred embodiment, the cryoprotectant is sucrose, which is present at a concentration of 1.5% by weight.

In one embodiment, the polymeric bulking agent used during the lyophilization process is selected from Dextran 40 or hydroxyethyl starch 40, and is at a 15 concentration of 0.9% by weight.

In another embodiment, the electrolyte used in the lyophilization solution is sodium chloride, which is present at a concentration of 0.05 M.

In a preferred embodiment, a solubility-facilitating agent is used during the lyophilization process. Preferably, this solubility-facilitating agent is a surfactant. In a 20 particularly preferred embodiment, the surfactant is polysorbate 80, which is present at a concentration of 0.01% by weight.

In one embodiment, the buffering agent used is tromethamine, which is present at a concentration of 0.02 M. It is preferable for the pH of the solution to be 8.0 at the start of the lyophilization process. The solution containing the cytotoxic 25 drug/carrier conjugate is dispensed into vials at a temperature of +5°C prior to the start of the process.

In a preferred embodiment, the solution in the vials is frozen at a temperature of -45°C; the frozen solution is subjected to an initial freeze drying step at a primary drying pressure of 60 microns and at a shelf temperature of -30°C for 60 hours; and 30 the freeze-dried product is subjected to a secondary drying step at a drying pressure of 60 microns at a shelf temperature of +25°C for 24 hours.

Another aspect of the invention is directed to a composition comprising a therapeutically effective dose of a monomeric cytotoxic drug derivative/carrier conjugate prepared by a method of the invention.

In one embodiment, the carrier in the monomeric cytotoxic drug derivative/carrier conjugate is a proteinaceous carrier selected from hormones, growth factors, antibodies and antibody mimics.

In a preferred embodiment, the proteinaceous carrier is a human monoclonal antibody, a chimeric antibody, a human antibody or a humanized antibody.

In a preferred embodiment, the humanized antibody is directed against the cell surface antigen CD22.

In a particularly preferred embodiment of this aspect of the invention, the anti-CD22 antibody has specificity for human CD22, and comprises a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given as H1 in Figure 1 (SEQ ID NO:1) for CDR-H1, as H2 in Figure 1 (SEQ ID NO:2) or H2' (SEQ ID NO:13) or H2'' (SEQ ID NO:15) or H2''' (SEQ ID NO:16) for CDR-H2, or as H3 in Figure 1 (SEQ ID NO:3) for CDR-H3, and comprises a light chain wherein the variable domain comprises a CDR having at least one of the sequences given as L1 in Figure 1 (SEQ ID NO:4) for CDR-L1, as L2 in Figure 1 (SEQ ID NO:5) for CDR-L2, or as L3 in Figure 1 (SEQ ID NO:6) for CDR-L3.

In another preferred embodiment, anti-CD22 antibody has a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:1 for CDR-H1, SEQ ID NO:2 or SEQ ID NO:13 or SEQ ID NO:15 or SEQ ID NO:16 for CDR-H2, or SEQ ID NO:3 for CDR-H3, and a light chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2, or SEQ ID NO:6 for CDR-L3.

In yet another preferred embodiment, the anti-CD22 antibody comprises SEQ ID NO:1 for CDR-H1, SEQ ID NO: 2 or SEQ ID NO:13 or SEQ ID NO:15 or SEQ ID NO:16 for CDR-H2, SEQ ID NO:3 for CDR-H3, SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2, and SEQ ID NO:6 for CDR-L3.

In a particularly preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted humanized anti-CD22 antibody and comprises a light chain variable

region 5/44-gL1 (SEQ ID NO:19), and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).

In another particularly preferred embodiment, the humanized anti-CD22 antibody is a CDR-grafted antibody having specificity for human CD22 and 5 comprises a light chain having a sequence set forth in SEQ ID NO: 28 and a heavy chain having a sequence set forth in SEQ ID NO:30.

In one embodiment, the CDR-grafted antibody is a variant antibody which has increased specificity for human CD22, and the antibody is obtained by an affinity maturation protocol.

10 In one embodiment, the monomeric cytotoxic drug is calicheamicin and is preferably selected from gamma calicheamicin or N-acetyl calicheamicin.

In one embodiment, the composition may optionally contain an additional bioactive agent. Such a bioactive agent may be a cytotoxic drug, a growth factor or a hormone.

15 Yet another aspect of the invention is directed to a method of treating a subject with a proliferative disorder by administering to the subject a therapeutically effective dose of the composition of the invention. The composition may be administered subcutaneously, intraperitoneally, intravenously, intraarterially, intramedullarily, intrathecally, transdermally, transcutaneously, intranasally, topically, 20 enterally, intravaginally, sublingually or rectally. In a preferred embodiment, the composition of the invention is administered intravenously.

25 In one embodiment, the composition is administered to a human subject suffering from a proliferative disorder such as cancer. In a preferred embodiment, the cancer is a B-cell malignancy. The B-cell malignancy may be a leukemia or lymphoma that express cell surface antigen CD22.

In yet another embodiment, the cancer is a carcinoma or a sarcoma.

Another aspect of the present invention is directed to a method of treating a 30 B-cell malignancy by administering to a patient with such malignancy a therapeutically effective composition comprising a cytotoxic drug-anti-CD22-antibody conjugate of the invention. In a preferred embodiment, the B-cell malignancy is a lymphoma, particularly Non-Hodgkin's lymphoma.

In one embodiment, the cytotoxic drug used to prepare the conjugates of the present invention is selected from the group consisting of calicheamicins, thiotepa,

taxanes, vincristine, daunorubicin, doxorubicin, epirubicin, actinomycin, authramycin, azaserines, bleomycins, tamoxifen, idarubicin, dolastatins/auristatins, hemiasterlins, maytansinoids, and esperamicins.

5 In a preferred embodiment, the cytotoxic drug is gamma calicheamicin or N-acetyl calicheamicin.

In another embodiment, the treatment comprises administering the cytotoxic drug conjugate of the invention with one or more bioactive agents selected from antibodies, growth factors, hormones, cytokines, anti-hormones, xanthines, interleukins, interferons, and cytotoxic drugs.

10 In a preferred embodiment, the bioactive agent is an antibody, and is directed against a cell surface antigen expressed on B-cell malignancies. In a further preferred embodiment, the antibody directed against cell surface antigens expressed on B-cell malignancies is selected from a group consisting of anti-CD19, anti-CD20 and anti-CD33 antibodies. Such antibodies include the anti-CD20 antibody, 15 rituximab (Rituxan™).

In another embodiment, the bioactive agents are cytokines or growth factors and include, but are not limited to, interleukin 2 (IL-2), TNF, CSF, GM-CSF and G-CSF.

20 In another embodiment, bioactive agents are hormones and include estrogens, androgens, progestins, and corticosteroids.

In yet another embodiment, the bioactive agent is a cytotoxic drug selected from doxorubicin, daunorubicin, idarubicin, aclarubicin, zorubicin, mitoxantrone, epirubicin, carubicin, nogalamycin, menogaril, pitarubicin, valrubicin, cytarabine, gemcitabine, trifluridine, ancitabine, enocitabine, azacitidine, doxifluridine, 25 pentostatin, broxuridine, capecitabine, cladribine, decitabine, floxuridine, fludarabine, gougerotin, puromycin, tegafur, tiazofurin, adriamycin, cisplatin, carboplatin, cyclophosphamide, dacarbazine, vinblastine, vincristine, mitoxantrone, bleomycin, mechlorethamine, prednisone, procarbazine methotrexate, flurouracils, etoposide, taxol, taxol analogs, and mitomycin.

30 In a preferred embodiment, the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered together with one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from: CHOPP (cyclophosphamide,

doxorubicin, vincristine, prednisone, and procarbazine); CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone); COP (cyclophosphamide, vincristine, and prednisone); CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone); m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin); ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine); ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine); MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin); MOPP (mechloethamine, vincristine, prednisone, bleomycin, and procarbazine); ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine); MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine); MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine), ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone); IMVP-16 (ifosfamide, methotrexate, and etoposide); MIME (methyl-gag, ifosfamide, methotrexate, and etoposide); DHAP (dexamethasone, high-dose cytarabine, and cisplatin); ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin); CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin); CAMP (lomustine, mitoxantrone, cytarabine, - and prednisone); and CVP-1 (cyclophosphamide, vincristine, and prednisone).

In a preferred embodiment, the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered prior to the administration of one or more of the above combinations of cytotoxic drugs. In another preferred embodiment, the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered subsequent to the administration of one or more of the above combinations of cytotoxic drugs as a part of a treatment regimen.

Another aspect of the invention is directed to a method of treating aggressive lymphomas comprising administering to a patient in need of said treatment a

therapeutically effective composition of a monomeric calicheamicin derivative-anti-CD22 antibody conjugate together with one or more bioactive agents.

Yet another aspect of the present invention is directed to the use of the composition of the invention in treating a subject with a proliferative disorder such as 5 cancer. In particular, the cancer is a B-cell malignancy that expresses CD22 antigen on the cell surface. In particular, the B-cell malignancy is either a leukemia or a lymphoma. In one embodiment, the cancer is a carcinoma or a leukemia.

In one embodiment, a therapeutically effective dose of the composition is administered subcutaneously, intraperitoneally, intravenously, intraarterially, 10 intramedullarily, intrathecally, transdermally, transcutaneously, intranasally, topically, enterally, intravaginally, sublingually or rectally.

In a preferred embodiment, the therapeutically effective dose of the pharmaceutical composition of the invention is administered intravenously.

Another aspect of the invention is directed to the use of a monomeric 15 calicheamicin derivative/anti-CD22 antibody conjugate of the present invention for use in the treatment of a subject with a B-cell malignancy such as Non-Hodgkin's lymphoma. In one embodiment, the monomeric calicheamicin derivative/anti-CD22 antibody conjugate of the present invention is administered with one or more bioactive agents.

20 In one embodiment, the bioactive agents are selected from a group consisting of antibodies, growth factors, hormones, cytokines, anti-hormones, xanthines, interleukins, interferons, and cytotoxic drugs.

In a preferred embodiment, the bioactive agent is an antibody directed 25 against a cell surface antigen expressed on B-cell malignancies, such as anti-CD19, anti-CD20 and anti-CD33 antibodies. In a preferred embodiment, the anti-CD20 antibody is rituximab (Rituxan™).

In another embodiment, the bioactive agents include cytokines or growth factors such as interleukin 2 (IL-2), TNF, CSF, GM-CSF and G-CSF or hormones, which include estrogens, androgens, progestins, and corticosteroids.

30 In another embodiment, the bioactive agent is a cytotoxic drug selected from doxorubicin, daunorubicin, idarubicin, aclarubicin, zorubicin, mitoxantrone, epirubicin, carubicin, nogalamycin, menogaril, pitarubicin, valrubicin, cytarabine, gemcitabine, trifluridine, ancitabine, enocitabine, azacitidine, doxifluridine, pentostatin, broxuridine,

capecitabine, cladribine, decitabine, flouxuridine, fludarabine, gougerotin, puromycin, tegafur, tiazofurin, adriamycin, cisplatin, carboplatin, cyclophosphamide, dacarbazine, vinblastine, vincristine, mitoxantrone, bleomycin, mechlorethamine, prednisone, procarbazine, methotrexate, flurouracils, etoposide, taxol, taxol analogs,
5 and mitomycin.

In a preferred embodiment, the therapeutically effective dose of the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is administered together with one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from: CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine); CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone); COP (cyclophosphamide, vincristine, and prednisone); CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone); m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin); ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine); ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine); MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin); MOPP (mechloethamine, vincristine, prednisone, and procarbazine); ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine); MOPP (mechloethamine, vincristine, prednisone and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine); MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine); ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone); IMVP-16 (ifosfamide, methotrexate, and etoposide); MIME (methyl-gag, ifosfamide, methotrexate, and etoposide); DHAP (dexamethasone, high-dose cytarabine, and cisplatin); ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin); CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin); CAMP (lomustine, mitoxantrone, cytarabine, and prednisone); CVP-1 (cyclophosphamide, vincristine, and prednisone), ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin); EPOCH
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(etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone), ICE (ifosfamide, cyclophosphamide, and etoposide), CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin), CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin), CEPP-B (cyclophosphamide, etoposide, procarbazine, and bleomycin), and P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

5 In one preferred embodiment, the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is administered prior to the administration of one or more combinations of cytotoxic agents as a part of a treatment regimen.

10 In another preferred embodiment, the therapeutically effective dose of the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is administered subsequent to the administration of one or more combinations of cytotoxic agents as part of a treatment regimen.

15 In yet another preferred embodiment, the therapeutically effective dose of the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is administered together with an antibody directed against a cell surface antigen on B-cell malignancies, and optionally comprising one or more combinations of cytotoxic agents as part of a treatment regimen.

20 In another aspect, the invention is directed to the use of the monomeric calicheamicin derivative/anti-CD22 antibody conjugate of the present invention in the manufacture of a medicament for the treatment of a proliferative disorder. Such a medicament can be used to treat B-cell proliferative disorders either alone or in combination with other bioactive agents.

25

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 shows the amino acid sequence of the CDRs of mouse monoclonal antibody 5/44 (SEQ ID NOS:1 to 6).

30 Figure 2 shows the DNA and protein sequence of the light chain variable (V_L) domain of mouse monoclonal antibody 5/44.

Figure 3 shows the complete sequence of the heavy chain variable domain (V_H) of mouse monoclonal antibody 5/44.

Figure 4 shows the strategy for removal of the glycosylation site and reactive lysine in CDR-H2.

Figure 5 shows the graft design for the 5/44 light chain sequence. DPK-9 is the human germ-line acceptor framework sequence. Vertical lines indicate differences between mouse and human residues. Sequences underlined indicate donor residues which have been retained in the graft. CDRs are indicated in bold italicized letters (not shown for DPK-9). Graft gL1 has 6 donor framework residues, gL2 has 7.

Figure 6 shows the graft design for the 5/44 heavy chain sequence; DP7 is the human germ-line acceptor framework sequence. Vertical lines indicate differences between mouse and human residues. Sequences underlined indicate donor residues which have been retained in the graft. CDRs are indicated italicized, bold letters (not shown for DP7). Grafts gH4 and gH6 have 6 donor framework residues. Grafts gH5 and gH7 have 4 donor framework residues.

Figure 7 shows the map of vector pMRR14.

Figure 8 shows the map of vector pMRR10.1.

Figure 9 shows the Biacore assay results of the chimeric 5/44 mutants.

Figure 10 shows the oligonucleotides for 5/44 gH1 and gL1 gene assemblies.

Figure 11 shows the plasmid map of intermediate vector pCR2.1(544gH1).

Figure 12 shows the plasmid map of intermediate vector pCR2.1(544gL1).

Figure 13 shows the oligonucleotide cassettes used to make further grafts.

Figure 14 is a graph which shows a competition assay between fluorescently labeled mouse 5/44 antibody and grafted variants.

Figure 15 is a graph which shows a competition assay between fluorescently labeled mouse 5/44 antibody and grafted variants.

Figure 16 shows the full DNA and protein sequence of the grafted heavy and light chains.

Figure 17 is a schematic representation of an antibody-NAc-gamma calicheamicin DMH conjugate.

Figure 18 is a graph which shows the effect of CMC-544 on growth of RAMOS B-cell lymphoma.

Figure 19 is a graph which shows the effect of CMC-544 on large B-cell lymphomas in an *in vivo* xenograft model in nude mice.

Figure 20 is a graph which compares the effects of CMC-544 made with the CMA-676 conjugation process and the CMC-544 conjugation process on the growth of RL lymphoma.

Figure 21 is a graph which shows that rituximab (RituxanTM)-treated large RL
5 lymphoma is susceptible to CMC-544 treatment.

Figure 22 is a graph which shows the effect of rituximab (RituxanTM) on the cytotoxic effect of CMC-544.

Figure 23 is a graph which shows the effect of CMC-544, rituximab (RituxanTM), and CMA-676 on the survival of SCID mice with disseminated early
10 RAMOS B lymphoma.

Figure 24 is a graph which shows the effect of CMC-544, rituximab (RituxanTM), and CMA-676 on the survival of SCID mice with disseminated late RAMOS B lymphoma.

Figure 25 is a graph which shows the effect of CMC-544, rituximab (RituxanTM), and CMA-676 on the survival of SCID mice with disseminated late
15 RAMOS B lymphoma.

Figure 26 is a graph which shows the effect of CMC-544, rituximab (RituxanTM), and CMA-676 on the survival of SCID mice with disseminated late RAMOS B lymphoma.

20 Figure 27 is a graph which shows the effect of CMC-544, rituximab (RituxanTM), and CMA-676 on the survival of SCID mice with disseminated late RAMOS B lymphoma.

Figure 28 is a graph which shows the anti-tumor activity of CMC-544 with and without rituximab (RituxanTM) on RL Non-Hodgkin's lymphoma.

25 Figure 29 is a graph which shows the antitumor activity of CMC-544 and CHOP on RL Non-Hodgkin's lymphoma.

DETAILED DESCRIPTION OF THE INVENTION

30 The conjugates of the present invention comprise a cytotoxic drug derivatized with a linker that includes any reactive group that reacts with a proteinaceous carrier to form a cytotoxic drug derivative-proteinaceous carrier conjugate. Specifically, the conjugates of the present invention comprise a cytotoxic drug derivatized with a

linker that includes any reactive group which reacts with an antibody used as a proteinaceous carrier to form a cytotoxic drug derivative-antibody conjugate. Specifically, the antibody reacts against a cell surface antigen on B-cell malignancies. Described below is an improved process for making and purifying 5 such conjugates. The use of particular cosolvents, additives, and specific reaction conditions together with the separation process results in the formation of a monomeric cytotoxic drug derivative/ antibody conjugate with a significant reduction in the LCF. The monomeric form as opposed to the aggregated form has significant therapeutic value, and minimizing the LCF and substantially reducing aggregation 10 results in the utilization of the antibody starting material in a therapeutically meaningful manner by preventing the LCF from competing with the more highly conjugated fraction (HCF).

I. CARRIERS

15 The carriers/targeting agents of the present invention are preferably proteinaceous carriers/targeting agents. Included as carrier/targeting agents are hormones, growth factors, antibodies, antibody fragments, antibody mimics, and their genetically or enzymatically engineered counterparts, hereinafter referred to singularly or as a group as "carriers". The essential property of a carrier is its ability 20 to recognize and bind to an antigen or receptor associated with undesired cells and to be subsequently internalized. Examples of carriers that are applicable in the present invention are disclosed in U.S. Patent No. 5,053,394, which is incorporated herein in its entirety. Preferred carriers for use in the present invention are antibodies and antibody mimics.

25 A number of non-immunoglobulin protein scaffolds have been used for generating antibody mimics that bind to antigenic epitopes with the specificity of an antibody (PCT publication No. WO 00/34784). For example, a "minibody" scaffold, which is related to the immunoglobulin fold, has been designed by deleting three beta strands from a heavy chain variable domain of a monoclonal antibody (Tramontano et al., J. Mol. Recognit. 7:9, 1994). This protein includes 61 residues and can be used to present two hypervariable loops. These two loops have been randomized and products selected for antigen binding, but thus far the framework appears to 30 have somewhat limited utility due to solubility problems. Another framework used to

display loops is tendamistat, a protein that specifically inhibits mammalian alpha-amylases and is a 74 residue, six-strand beta-sheet sandwich held together by two disulfide bonds, (McConnell and Hoess, *J. Mol. Biol.* 250:460, 1995). This scaffold includes three loops, but, to date, only two of these loops have been examined for 5 randomization potential.

Other proteins have been tested as frameworks and have been used to display randomized residues on alpha helical surfaces (Nord et al., *Nat. Biotechnol.* 15:772, 1997; Nord et al., *Protein Eng.* 8:601, 1995), loops between alpha helices in alpha helix bundles (Ku and Schultz, *Proc. Natl. Acad. Sci. USA* 92:6552, 1995), and loops 10 constrained by disulfide bridges, such as those of the small protease inhibitors (Markland et al., *Biochemistry* 35:8045, 1996; Markland et al., *Biochemistry* 35:8058, 1996; Rottgen and Collins, *Gene* 164:243, 1995; Wang et al., *J. Biol. Chem.* 270:12250, 1995).

Examples of antibody carriers that may be used in the present invention include 15 monoclonal antibodies, chimeric antibodies, humanized antibodies, human antibodies and biologically active fragments thereof. Preferably, such antibodies are directed against cell surface antigens expressed on target cells and/or tissues in proliferative disorders such as cancer. Examples of specific antibodies directed against cell surface antigens on target cells include without limitation, antibodies against CD22 antigen 20 which is over-expressed on most B-cell lymphomas; G5/44, a humanized form of a murine anti-CD22 monoclonal antibody; antibodies against cell surface antigen CD33, which is prevalent on certain human myeloid tumors especially acute myeloid leukemia; hP67.6, a humanized form of the anti-CD33 murine antibody (see U.S. Patent No. 5,773,001); an antibody against the PEM antigen found on many tumors of epithelial 25 origin designated mP67.6 (see I.D. Bernstein et al., *J. Clin. Invest.* 79:1153 (1987) and I.D. Bernstein et al., *J. Immunol.* 128:867-881 (1992)); and a humanized antibody against the Lewis Y carbohydrate antigen overexpressed on many solid tumors designated hu3S193, (see U.S. Patent No 6,310,185 B1). In addition, there are several 30 commercially available antibodies such as rituximab (RituxanTM) and trastuzumab (HerceptinTM), which may also be used as carriers/targeting agents. Rituximab (RituxanTM) is a chimeric anti-CD20 antibody used to treat various B-cell lymphomas and trastuzumab (HerceptinTM) is a humanized anti-Her2 antibody used to treat breast cancer.

Exemplified herein for use as a carrier in the present invention is a CDR-grafted humanized antibody molecule directed against cell surface antigen CD22, designated G5/44. This antibody is a humanized form of a murine anti-CD22 monoclonal antibody that is directed against the cell surface antigen CD22, which is prevalent on certain human lymphomas. The term "a CDR-grafted antibody molecule" as used herein refers to an antibody molecule wherein the heavy and/or light chain contains one or more complementarity determining regions (CDRs) including, if desired, a modified CDR (hereinafter CDR) from a donor antibody (e.g., a murine monoclonal antibody) grafted into a heavy and/or light chain variable region framework of an acceptor antibody (e.g., a human antibody). Preferably, such a CDR-grafted antibody has a variable domain comprising human acceptor framework regions as well as one or more of the donor CDRs referred to above.

When the CDRs are grafted, any appropriate acceptor variable region framework sequence may be used having regard to the class/type of the donor antibody from which the CDRs are derived, including mouse, primate and human framework regions. Examples of human frameworks, which can be used in the present invention are KOL, NEWM, REI, EU, TUR, TEI, LAY and POM (Kabat *et al.* Seq. of Proteins of Immunol. Interest, 1:310-334 (1994)). For example, KOL and NEWM can be used for the heavy chain, REI can be used for the light chain and EU, LAY and POM can be used for both the heavy chain and the light chain.

In a CDR-grafted antibody of the present invention, it is preferred to use as the acceptor antibody one having chains which are homologous to the chains of the donor antibody. The acceptor heavy and light chains do not necessarily need to be derived from the same antibody and may, if desired, comprise composite chains having framework regions derived from different chains.

Also, in a CDR-grafted antibody of the present invention, the framework regions need not have exactly the same sequence as those of the acceptor antibody. For instance, unusual residues may be changed to more frequently occurring residues for that acceptor chain class or type. Alternatively, selected residues in the acceptor framework regions may be changed so that they correspond to the residue found at the same position in the donor antibody or to a residue that is a conservative substitution for the residue found at the same position in the donor antibody. Such changes should be kept to the minimum necessary to recover the affinity of the donor

antibody. A protocol for selecting residues in the acceptor framework regions which may need to be changed is set forth in PCT Publication No. WO 91/09967, which is incorporated herein in its entirety.

Donor residues are residues from the donor antibody, i.e., the antibody from
5 which the CDRs were originally derived.

The antibody of the present invention may comprise a heavy chain wherein the variable domain comprises as CDR-H2 (as defined by Kabat et al., (*supra*)) an H2' in which a potential glycosylation site sequence has been removed in order to increase the affinity of the antibody for the antigen.

10 Alternatively or additionally, the antibody of the present invention may comprise a heavy chain wherein the variable domain comprises as CDR-H2 (as defined by Kabat et al., (*supra*)) an H2'' in which a lysine residue is at position 60. This lysine residue, which is located at an exposed position within CDR-H2, and is considered to have the potential to react with conjugation agents resulting in a
15 reduction of antigen binding affinity, is substituted with an alternative amino acid.

Additionally, the antibody of the present invention may comprise a heavy chain wherein the variable domain comprises as CDR-H2 (as defined by Kabat et al., (*supra*)) an H2''' in which both the potential glycosylation site sequence and the lysine residue at position 60, are substituted with alternative amino acids.

20 The antibody of the present invention may comprise: a complete antibody having full length heavy and light chains; a biologically active fragment thereof, such as a Fab, modified Fab, Fab', F(ab')₂ or Fv fragment; a light chain or heavy chain monomer or dimer; or a single chain antibody, e.g., a single chain Fv in which the heavy and light chain variable domains are joined by a peptide linker. Similarly, the
25 heavy and light chain variable regions may be combined with other antibody domains as appropriate.

The antibody of the present invention may also include a modified Fab fragment wherein the modification is the addition of one or more amino acids to allow for the attachment of an effector or reporter molecule to the C-terminal end of its
30 heavy chain. Preferably, the additional amino acids form a modified hinge region containing one or two cysteine residues to which the effector or reporter molecule may be attached.

The constant region domains of the antibody of the present invention, if present, may be selected having regard to the proposed function of the antibody, and in particular the effector functions which may or may not be required. For example, the constant region domains may be human IgA, IgD, IgE, IgG or IgM domains. In 5 particular, human IgG constant region domains may be used, especially of the IgG1 and IgG3 isotypes when the antibody is intended for therapeutic uses and antibody effector functions are required. Alternatively, IgG2 and IgG4 isotypes may be used or the IgG1 Fc region may be mutated to abrogate the effector function when the antibody is intended for therapeutic purposes and antibody effector functions are not 10 required or desired.

The antibody of the present invention has a binding affinity of at least 5×10^{-8} M, preferably at least 1×10^{-9} M, more preferably at least 0.75×10^{-10} M, and most preferably at least 0.5×10^{-10} M.

In one embodiment, the present invention relates to immunotoxin conjugates 15 and methods for making these conjugates using antibody variants or antibody mimics. In a preferred embodiment, variants of the antibody of the present invention are directed against CD22 and display improved affinity for CD22. Such variants can be obtained by a number of affinity maturation protocols including mutating the CDRs (Yang *et al.*, *J. Mol. Biol.*, 254, 392-403, 1995), chain shuffling (Marks *et al.*, *J. Bio/Technology*, 10, 779-783, 1992), use of mutator strains of *E. coli* (Low *et al.*, *J. Mol. Biol.*, 250, 359-368, 1996), DNA shuffling (Patten *et al.*, *Curr. Opin. Biotechnol.*, 8, 724-733, 1997), phage display (Thompson *et al.*, *J. Mol. Biol.*, 256, 77-88, 1996) 20 and sexual PCR (Crameri *et al.*, *Nature*, 391, 288-291, 1998).

Any suitable host cell/vector system may be used for expression of the DNA 25 sequences encoding the carrier including antibodies of the present invention. Bacterial, for example *E. coli*, and other microbial systems may be used, in part, for expression of antibody fragments such as Fab and F(ab')₂ fragments, and especially Fv fragments and single chain antibody fragments, for example, single chain Fvs. Eukaryotic, e.g. mammalian, host cell expression systems may be used for 30 production of larger antibody, including complete antibody molecules. Suitable mammalian host cells include CHO, myeloma, yeast cells, insect cells, hybridoma cells, NSO, VERO or PER C6 cells. Suitable expression systems also include transgenic animals and plants.

II. THERAPEUTIC AGENTS

The therapeutic agents suitable for use in the present invention are cytotoxic drugs that inhibit or disrupt tubulin polymerization, alkylating agents that bind to and disrupt DNA, and agents which inhibit protein synthesis or essential cellular proteins such as protein kinases, enzymes and cyclins. Examples of such cytotoxic drugs include, but are not limited to thiotepa, taxanes, vincristine, daunorubicin, doxorubicin, epirubicin, actinomycin, authramycin, azaserines, bleomycins, tamoxifen, idarubicin, dolastatins/auristatins, hemiasterlins, calicheamicins, esperamicins and maytansinoids. Preferred cytotoxic drugs are the calicheamicins, which are an example of the methyl trisulfide antitumor antibiotics. Examples of calicheamicins suitable for use in the present invention are disclosed, for example, in U.S. Patent No. 4,671,958; U.S. Patent No. 4,970,198, U.S. Patent No. 5,053,394, U.S. Patent No. 5,037,651; and U.S. Patent No. 5,079,233, which are incorporated herein in their entirety. Preferred calicheamicins are the gamma-calicheamicin derivatives or the N-acetyl gamma-calicheamicin derivatives.

III. CYTOTOXIC DRUG DERIVATIVE/CARRIER CONJUGATES

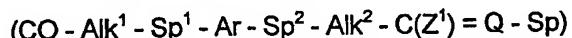
The conjugates of the present invention have the formula $\text{Pr}(-\text{X}-\text{W})_m$

wherein:

20 Pr is a proteinaceous carrier,
 X is a linker that comprises a product of any reactive group that can react with a proteinaceous carrier,
 W is the cytotoxic drug ;
 m is the average loading for a purified conjugation product such that the
25 calicheamicin constitutes 4 - 10% of the conjugate by weight; and

$(-\text{X}-\text{W})_m$ is a cytotoxic drug

Preferably, X has the formula



wherein

30 Alk^1 and Alk^2 are independently a bond or branched or unbranched ($\text{C}_1\text{-C}_{10}$) alkylene chain;
 Sp^1 is a bond, -S-, -O-, -CONH-, -NHCO-, -NR'-, -N(CH₂CH₂)₂N-, or -X-Ar'-Y-
(CH₂)_n-Z wherein X, Y, and Z are independently a bond, -NR'-, -S-, or -O-, with the

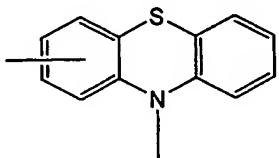
proviso that when n = 0, then at least one of Y and Z must be a bond and Ar' is 1,2-, 1,3-, or 1,4-phenylene optionally substituted with one, two, or three groups of (C₁-C₅) alkyl, (C₁-C₄) alkoxy, (C₁-C₄) thioalkoxy, halogen, nitro, -COOR', -CONHR', -(CH₂)_nCOOR', -S(CH₂)_nCOOR', -O(CH₂)_nCONHR', or -S(CH₂)_nCONHR', with the proviso that when Alk¹ is a bond, Sp¹ is a bond;

5 n is an integer from 0 to 5;

R' is a branched or unbranched (C₁-C₅) chain optionally substituted by one or two groups of -OH, (C₁-C₄) alkoxy, (C₁-C₄) thioalkoxy, halogen, nitro, (C₁-C₃) dialkylamino, or (C₁-C₃) trialkylammonium -A⁻ where A⁻ is a pharmaceutically acceptable 10 anion completing a salt;

Ar is 1,2-, 1,3-, or 1,4-phenylene optionally substituted with one, two, or three groups of (C₁-C₆) alkyl, (C₁-C₅) alkoxy, (C₁-C₄) thioalkoxy, halogen, nitro, -COOR', -CONHR', -O(CH₂)_nCOOR', -S(CH₂)_nCOOR', -O(CH₂)_nCONHR', or -S(CH₂)_nCONHR' wherein n and R' are as hereinbefore defined or a 1,2-, 1,3-, 1,4-, 1,5-, 1,6-, 1,7-, 1,8-,

15 2,3-, 2,6-, or 2,7-naphthylidene or



with each naphthylidene or phenothiazine optionally substituted with one, two, three, or 20 four groups of (C₁-C₆) alkyl, (C₁-C₅) alkoxy, (C₁-C₄) thioalkoxy, halogen, nitro, -COOR', -CONHR', -O(CH₂)_nCOOR', -S(CH₂)_nCOOR', or -S(CH₂)_nCONHR' wherein n and R' are as defined above, with the proviso that when Ar is phenothiazine, Sp¹ is a bond only connected to nitrogen;

Sp² is a bond, -S-, or -O-, with the proviso that when Alk² is a bond, Sp² is a 25 bond;

Z¹ is H, (C₁-C₅) alkyl, or phenyl optionally substituted with one, two, or three groups of (C₁-C₆) alkyl, (C₁-C₅) alkoxy, (C₁-C₄) thioalkoxy, halogen, nitro, -COOR', -ONHR', -O(CH₂)_nCOOR', -S(CH₂)_nCOOR', -O(CH₂)_nCONHR', or -S(CH₂)_nCONHR' wherein n and R' are as defined above;

Sp is a straight or branched-chain divalent or trivalent (C_1-C_{18}) radical, divalent or trivalent aryl or heteroaryl radical, divalent or trivalent (C_3-C_{18}) cycloalkyl or heterocycloalkyl radical, divalent or trivalent aryl- or heteroaryl-aryl (C_1-C_{18}) radical, divalent or trivalent cycloalkyl- or heterocycloalkyl-alkyl (C_1-C_{18}) radical or divalent or trivalent (C_2-C_{18}) unsaturated alkyl radical, wherein heteroaryl is preferably furyl, thienyl, N-methylpyrrolyl, pyridinyl, N-methylimidazolyl, oxazolyl, pyrimidinyl, quinolyl, isoquinolyl, N-methylcarbazoyl, aminocoumarinyl, or phenazinyl and wherein if Sp is a trivalent radical, Sp can be additionally substituted by lower (C_1-C_5) dialkylamino, lower (C_1-C_5) alkoxy, hydroxy, or lower (C_1-C_5) alkylthio groups; and

10 Q is =NHNCO-, =NHNCS-, =NHNCONH-, =NHNCNH-, or =NHO-.

Preferably, Alk¹ is a branched or unbranched (C_1-C_{10}) alkylene chain; Sp¹ is a bond, -S-, -O-, -CONH-, -NHCO-, or -NR' wherein R' is as hereinbefore defined, with the proviso that when Alk¹ is a bond, Sp¹ is a bond;

15 Ar is 1,2-, 1,3-, or 1,4-phenylene optionally substituted with one, two, or three groups of (C_1-C_6) alkyl, (C_1-C_5) alkoxy, (C_1-C_4) thioalkoxy, halogen, nitro, -COOR', -CONHR', -O(CH₂)_nCOOR', -S(CH₂)_nCOOR', -O(CH₂)_nCONHR', or -S(CH₂)_nCONHR' wherein n and R' are as hereinbefore defined, or Ar is a 1,2-, 1,3-, 1,4-, 1,5-, 1,6-, 1,7-, 1,8-, 2,3-, 2,6-, or 2,7- naphthylidene each optionally substituted with one, two, three, or four groups of (C_1-C_6) alkyl, (C_1-C_5) alkoxy, (C_1-C_4) thioalkoxy, halogen, nitro, -COOR', -CONHR', -O(CH₂)_nCOOR', -S(CH₂)_nCOOR', -O(CH₂)_nCONHR', or -S(CH₂)_nCONHR'.

20 Z¹ is (C_1-C_5) alkyl, or phenyl optionally substituted with one, two, or three groups of (C_1-C_5) alkyl, (C_1-C_4) alkoxy, (C_1-C_4) thioalkoxy, halogen, nitro, -COOR', -CONHR', -O(CH₂)_nCOOR', -S(CH₂)_nCOOR', -O(CH₂)_nCONHR', or -S(CH₂)_nCONHR'; Alk² and Sp² are together a bond; and Sp and Q are as immediately defined above.

25 U.S. Patent No. 5,773,001, incorporated herein in its entirety, discloses linkers that can be used with nucleophilic derivatives, particularly hydrazides and related nucleophiles, prepared from the calicheamicins. These linkers are especially useful in those cases where better activity is obtained when the linkage formed between the drug and the linker is hydrolyzable. These linkers contain two functional groups. One group 30 typically is a carboxylic acid that is utilized to react with the carrier. The acid functional group, when properly activated, can form an amide linkage with a free amine group of the carrier, such as, for example, the amine in the side chain of a lysine of an antibody or other proteinaceous carrier. The other functional group commonly is a carbonyl

group, i.e., an aldehyde or a ketone, which will react with the appropriately modified therapeutic agent. The carbonyl groups can react with a hydrazide group on the drug to form a hydrazone linkage. This linkage is hydrolyzable, allowing for release of the therapeutic agent from the conjugate after binding to the target cells.

5 A most preferred bifunctional linker for use in the present invention is 4-(4-acetylphenoxy) butanoic acid (AcBut), which results in a preferred product wherein the conjugate consists of β -calicheamicin, γ -calicheamicin or N-acetyl γ -calicheamicin functionalized by reacting with 3-mercaptopropanoic acid, the AcBut linker, and a human or humanized IgG antibody targeting
10 carrier.

IV. MONOMERIC CONJUGATION

The natural hydrophobic nature of many cytotoxic drugs including the calicheamicins creates difficulties in the preparation of monomeric drug conjugates with
15 good drug loadings and reasonable yields which are necessary for therapeutic applications. The increased hydrophobicity of the linkage provided by linkers, such as the AcBut linker, disclosed in U.S. Patent No. 5,773,001, as well as the increased covalent distance separating the therapeutic agent from the carrier (antibody), exacerbate this problem.

20 Aggregation of cytotoxic drug derivative/carrier conjugates with higher drug loadings occurs due to the hydrophobic nature of the drugs. The drug loading often has to be limited to obtain reasonable quantities of monomeric product. In some cases, such as with the conjugates in U.S. Patent No. 5,877,296, it is often difficult to make conjugates in useful yields with useful loadings for therapeutic applications using the
25 reaction conditions disclosed in U.S. Patent No. 5,053,394 due to excessive aggregation. These reaction conditions utilized DMF as the co-solvent in the conjugation reaction. Methods which allow for higher drug loadings/yield without aggregation and the inherent loss of material are therefore needed.

30 Improvements to reduce aggregation are described in U.S. Patent Nos. 5,712,374 and 5,714,586, which are incorporated herein in their entirety. Disclosed in those patents are proteinaceous carriers including, but not limited to, proteins such as human or humanized antibodies that are used to target the cytotoxic therapeutic agents, such as, for example, hP67.6 and the other humanized antibodies disclosed therein. In

those patents, the use of a non-nucleophilic, protein-compatible, buffered solution containing (i) propylene glycol as a cosolvent and (ii) an additive comprising at least one C₆-C₁₈ carboxylic acid was found to generally produce monomeric cytotoxic drug derivative derivative/carrier conjugates with higher drug loading/yield and decreased aggregation having excellent activity. Preferred acids described therein were C₇ to C₁₂ acids, and the most preferred acid was octanoic acid (such as caprylic acid) or its salts. Preferred buffered solutions for conjugates made from N-hydroxysuccinimide (OSu) esters or other comparably activated esters were phosphate-buffered saline (PBS) or N-2-hydroxyethyl piperazine-N'-2-ethanesulfonic acid (HEPES buffer). The buffered solution used in those conjugation reactions cannot contain free amines or nucleophiles. For other types of conjugates, acceptable buffers can be readily determined. Alternatively, the use of a non-nucleophilic, protein-compatible, buffered solution containing t-butanol without the additional additive was also found to produce monomeric calicheamicin derivative/carrier conjugates with higher drug loading/yield and decreased aggregation.

The amount of cosolvent needed to form a monomeric conjugate varies somewhat from protein to protein and can be determined by those of ordinary skill in the art without undue experimentation. The amount of additive necessary to effectively form a monomeric conjugate also varies from antibody to antibody. This amount can also be determined by one of ordinary skill in the art without undue experimentation. In U.S. Patent Nos. 5,712,374 and 5,714,586, additions of propylene glycol in amounts ranging from 10% to 60%, preferably 10% to 40%, and most preferably about 30% by volume of the total solution, and an additive comprising at least one C₆-C₁₈ carboxylic acid or its salt, preferably caprylic acid or its salt, in amounts ranging from 20 mM to 100 mM, preferably from 40 mM to 90 mM, and most preferably about 60 mM to 90 mM were added to conjugation reactions to produce monomeric cytotoxic drug derivative/carrier conjugates with higher drug loading/yield and decreased aggregation. Other protein-compatible organic cosolvents other than propylene glycol, such as ethylene glycol, ethanol, DMF, DMSO, etc., could also be used. Some or all of the organic cosolvent was used to transfer the drug into the conjugation mixture.

Alternatively, in those patents, the concentration of the C₆-C₁₈ carboxylic acid or its salt could be increased to 150-300 mM and the cosolvent dropped to 1-10%. In one embodiment, the carboxylic acid was octanoic acid or its salt. In a preferred

embodiment, the carboxylic acid was decanoic acid or its salt. In another preferred embodiment, the carboxylic acid was caprylic acid or its salt, which was present at a concentration of 200 mM caprylic acid together with 5% propylene glycol or ethanol.

In another alternative embodiment in those patents, t-butanol at concentrations 5 ranging from 10% to 25%, preferably 15%, by volume of the total solution could be added to the conjugation reaction to produce monomeric cytotoxic drug derivative/carrier conjugates with higher drug loading/yield and decreased aggregation.

These established conjugation conditions were applied to the formation of CMA-676 (Gemtuzumab Ozogamicin), which is now commercially sold as MylotargTM. Since 10 introduction of this treatment for acute myeloid leukemia (AML), it has been learned through the use of ion-exchange chromatography that the calicheamicin is not distributed on the antibody in a uniform manner. Most of the calicheamicin is on approximately half of the antibody, while the other half exists in a LCF that contains only 15 small amounts of calicheamicin. Consequently, there is a critical need to improve the methods for conjugating cytotoxic drugs such as calicheamicins to carriers which minimize the amount of aggregation and allow for a higher uniform drug loading with a significantly improved yield of the conjugate product.

A specific example is that of the G5/44-NAc-gamma-calicheamicin DMH AcBut conjugate, which is referred to as CMC-544 and is generically shown in Figure 20 17. The reduction of the amount of the LCF to <10% of the total antibody was desired for development of CMC-544, and various options for reduction of the levels of the LCF were considered. Other attributes of the immunoconjugate, such as antigen 25 binding and cytotoxicity, must not be affected by the ultimate solution. The options considered included genetic or physical modification of the antibody, the chromatographic separation techniques, or the modification of the reaction conditions.

Reaction of the G5/44 antibody with NAc-gamma-calicheamicin DMH AcBut OSu using the old reaction conditions (CMA-676 Process Conditions) resulted in a product with similar physical properties (drug loading, LCF, and aggregation) as 30 CMA-676. However, the high level (50-60%) of LCF present after conjugation was deemed undesirable. Optimal reaction conditions were determined through statistical experimental design methodology in which key reaction variables such as temperature, pH, calicheamicin derivative input, and additive concentration, were

evaluated. Analysis of these experiments demonstrated that calicheamicin input and additive concentration had the most significant effects on the level of the low conjugated fraction LCF and aggregate formation, while temperature and pH exerted smaller influences. In additional experiments, it was also shown that the 5 concentrations of protein carrier (antibody) and cosolvent (ethanol) were similarly of lesser importance (compared to calicheamicin input and additive concentration) in controlling LCF and aggregate levels. In order to reduce the LCF to <10%, the calicheamicin derivative input was increased from 3% to 8.5% (w/w) relative to the amount of antibody in the reaction. The additive was changed from octanoic acid or 10 its salt at a concentration of 200 mM (CMA-676 process) to decanoic acid or its salt at a concentration of 37.5 mM. The conjugation reaction proceeded better at slightly elevated temperature (30-35°C) and pH (8.2-8.7). The reaction conditions incorporating these changes reduced the LCF to below 10 percent while increasing calicheamicin loading, and is hereinafter referred to as CMC-544 Process Condition 15 or "new" process conditions. A comparison of the results obtained with the CMA-676 and CMC-544 Process Conditions is shown in Table 1.

TABLE 1: COMPARISON OF THE CMA-676 AND CMC-544 PROCESS CONDITIONS

CONDITIONS/RESULTS	CMA-676 PROCESS CONDITIONS	CMC-544 PROCESS CONDITIONS
Calicheamicin Input	3.0% (w/w powder weight basis)	8.5% (w/w)
Additive Identity and Concentration	Octanoic acid/Sodium octanoate; 200 mM	Decanoic acid/Sodium decanoate; 37.5 mM
Temperature	26°C	31-35°C
PH	7.8	8.2-8.7
Calicheamicin Loading (percent by weight; by UV assay)	2.4-3.5	7.0-9.0
Low Conjugated Fraction (LCF) (before purification)	45-65 HPLC Area %	<10%
Aggregation (before purification)	~5%	<5%
Aggregation (after purification)	≤2%	<2%

The increase in calicheamicin input increased the drug loading from 2.5-3.0 weight percent to 7.0-9.0 (most typically 7.5-8.5) weight percent, and resulted in no increase in protein aggregation in the reaction. Due to reduction of aggregate and LCF, the CMC-544 Process Conditions resulted in a more homogeneous product.

5 CMC-544 has been reproducibly prepared by this new conjugation procedure at the multi-gram antibody scale.

In the foregoing reactions, the concentration of antibody can range from 1 to 15 mg/ml and the concentration of the calicheamicin derivative, e.g., N-Acetyl gamma-calicheamicin DMH AcBut OSu ester (used to make the conjugates shown in 10 Figure 17), ranges from about 4.5-11% by weight of the antibody. The cosolvent was ethanol, for which good results have been demonstrated at concentrations ranging from 6 to 11.4% (volume basis). The reactions were performed in PBS, HEPES, N-(2-Hydroxyethyl)piperazine-N'-(4-butanesulfonic acid) (HEPBS), or other compatible buffer at a pH of 8 to 9, at a temperature ranging from 30° C to about 35° C, and for 15 times ranging from 15 minutes to 24 hours. Those who are skilled in the art can readily determine acceptable pH ranges for other types of conjugates. For various antibodies the use of slight variations in the combinations of the aforementioned additives have been found to improve drug loading and monomeric conjugate yield, and it is understood that any particular protein carrier may require some minor 20 alterations in the exact conditions or choice of additives to achieve the optimum results.

V. CONJUGATE PURIFICATION AND SEPARATION

Following conjugation, the monomeric conjugates may be separated from the 25 unconjugated reactants (such as proteinaceous carrier and free cytotoxic drug/calicheamicin) and/or the aggregated form of the conjugates by conventional methods, for example, size exclusion chromatography (SEC), hydrophobic interaction chromatography (HIC), ion exchange chromatography (IEC), or chromatofocusing (CF). The purified conjugates are monomeric, and usually contain from 4 to 10% by weight 30 cytotoxic drug/calicheamicin. In a preferred embodiment, the conjugates are purified using hydrophobic interaction chromatography (HIC). In the processes previously used for the production-scale manufacturing of cytotoxic drug/calicheamicin-antibody conjugates (CMA-676 process), the sole post-conjugation separation step employed

was size exclusion chromatography (SEC). While this step is quite effective at both removing aggregated conjugate and in accomplishing buffer exchange for formulation, it is ineffective at reducing the LCF content. Consequently, the SEC-based process relies entirely on the chemistry of the conjugation reaction to control 5 the LCF content of the final product. Another disadvantage of SEC is the limitation of the volume of conjugate reaction mixture applied to the column (typically not exceeding 5 percent of the process column bed volume). This severely limits the batch size (and therefore production capacity) that can be supported in a given production space. Finally, the SEC purification process also results in significant 10 dilution of the conjugate solution, which places constraints on the protein concentration that can be dependably achieved in formulation.

When a cytotoxic drug has a highly hydrophobic nature, such as a calicheamicin derivative, and is used in a conjugate, hydrophobic interaction chromatography (HIC) is a preferred candidate to provide effective separation of 15 conjugated and unconjugated antibody. HIC presents three key advantages over SEC: (1) it has the capability to efficiently reduce the LCF content as well as the aggregate; (2) the column load capacity for HIC is much higher; and (3) HIC avoids excessive dilution of the product.

A number of high-capacity HIC media suitable for production scale use, such 20 as Butyl, Phenyl and Octyl Sepharose 4 Fast Flow (Amersham Biosciences, Piscataway, NJ), can effectively separate unconjugated components and aggregates of the conjugate from monomeric conjugated components following the conjugation process.

25 VI. COMPOSITIONS AND FORMULATIONS

The present invention also provides a process for the preparation of a therapeutic or diagnostic composition/formulation comprising admixing the monomeric cytotoxic drug derivative/carrier conjugate of the present invention together with a pharmaceutically acceptable excipient, diluent or carrier.

30 The monomeric cytotoxic drug derivative/carrier conjugate may be the sole active ingredient in the therapeutic or diagnostic composition/formulation or may be accompanied by other active ingredients including other antibody ingredients, for example anti-CD19, anti-CD20, anti-CD33, anti-T cell, anti-IFNy or anti-LPS

antibodies, or non-antibody ingredients such as cytokines, growth factors, hormones, anti-hormones, cytotoxic drugs and xanthines.

Cytokines and growth factors that may be used to treat proliferative disorders such as cancer, and which may be used together with the cytotoxic drug derivative/ carrier conjugates of the present invention include interferons, interleukins such as interleukin 2 (IL-2), TNF, CSF, GM-CSF and G-CSF.

Hormones commonly used to treat proliferative disorders such as cancer and which may be used together with the cytotoxic drug derivative/ carrier conjugates of the present invention include estrogens such as diethylstilbestrol and estradiol, androgens such as testosterone and Halotestin, progestins such as Megace and Provera, and corticosteroids such as prednisone, dexamethasone, and hydrocortisone.

Antihormones such as antiestrogens, i.e., tamoxifen, antiandrogens i.e., flutamide and antiadrenal agents are commonly used to treat proliferative disorders such as cancer, and may be used together with the cytotoxic drug derivative/ carrier conjugate of the present invention.

Chemotherapeutic/antineoplastic agents commonly used to treat proliferative disorders such as cancer, and which may be used together with the cytotoxic drug derivative/ carrier conjugate of the present invention include, but are not limited to, Adriamycin, cisplatin, carboplatin, vinblastine, vincristine, bleomycin, methotrexate, doxorubicin, flurouracils, etoposide, taxol and its various analogs, and mitomycin.

The compositions should preferably comprise a therapeutically effective amount of a conjugate of the invention. The term "therapeutically effective amount" as used herein refers to an amount of a therapeutic agent needed to treat, ameliorate or prevent a targeted disease or condition, or to exhibit a detectable therapeutic or preventative effect. For any conjugate, the therapeutically effective dose can be estimated initially either in cell culture assays or in animal models, usually in rodents, rabbits, dogs, pigs or primates. The animal model may also be used to determine the appropriate concentration range and route of administration. Such information can then be used to determine useful doses and routes for administration in humans.

The precise effective amount for a human subject will depend upon the severity of the disease state, the general health of the subject, the age, weight and gender of the subject, diet, time and frequency of administration, drug

combination(s), reaction sensitivities and tolerance/response to therapy. This amount can be determined by routine experimentation and is within the judgment of the clinician. Generally, an effective dose will be from 0.1 mg/m² to 50 mg/m², preferably 0.4 mg/m² to 30 mg/m², more preferably 2 mg/m² to 9 mg/m², which dose is calculated on the basis of the proteinaceous carrier.

Compositions may be administered individually to a patient or may be administered in combination with other agents, drugs or hormones. The dose at which the monomeric cytotoxic drug derivative/ antibody conjugate of the present invention is administered depends on the nature of the condition to be treated, the grade of the malignant lymphoma or leukemia and on whether the conjugate is being used prophylactically or to treat an existing condition.

The frequency of dose will depend on the half-life of the conjugate and the duration of its effect. If the conjugate has a short half-life (e.g., 2 to 10 hours) it may be necessary to give one or more doses per day. Alternatively, if the conjugate molecule has a long half-life (e.g., 2 to 15 days) it may only be necessary to give a dosage once per day, once per week or even once every 1 or 2 months.

A composition may also contain a pharmaceutically acceptable carrier for administration of the antibody conjugate. The carrier should not itself induce the production of antibodies harmful to the individual receiving the composition and should not be toxic. Suitable carriers may be large, slowly metabolized macromolecules such as proteins, polypeptides, liposomes, polysaccharides, polylactic acids, polyglycolic acids, polymeric amino acids, amino acid copolymers and inactive virus particles.

Pharmaceutically acceptable salts can be used, for example mineral acid salts, such as hydrochlorides, hydrobromides, phosphates and sulfates, or salts of organic acids, such as acetates, propionates, malonates and benzoates.

Pharmaceutically acceptable carriers in these compositions may additionally contain liquids such as water, saline, glycerol, and ethanol. Additionally, auxiliary substances, such as wetting or emulsifying agents or pH buffering substances, may be present in such compositions. Such carriers enable the compositions to be formulated as tablets, pills, dragees, capsules, liquids, gels, syrups, slurries or suspensions, for ingestion by the patient.

Preferred forms for administration include forms suitable for parenteral administration, e.g., by injection or infusion, for example by bolus injection or continuous infusion. Where the product is for injection or infusion, it may take the form of a suspension, solution or emulsion in an oily or aqueous vehicle and it may 5 contain formulatory agents, such as suspending, preserving, stabilizing and/or dispersing agents.

Although the stability of the buffered conjugate solutions is adequate for short-term stability, long-term stability is poor. To enhance stability of the conjugate and to increase its shelf life, the antibody-drug conjugate may be lyophilized to a dry 10 form, for reconstitution before use with an appropriate sterile liquid. The problems associated with lyophilization of a protein solution are well documented. Loss of secondary, tertiary and quaternary structure can occur during freezing and drying processes. Consequently, cryoprotectants may have to be included to act as an amorphous stabilizer of the conjugate and to maintain the structural integrity of the 15 protein during the lyophilization process. In one embodiment, the cryoprotectant useful in the present invention is a sugar alcohol, such as alditol, mannitol, sorbitol, inositol, polyethylene glycol, and combinations thereof. In another embodiment, the cryoprotectant is a sugar acid, including an aldonic acid, an uronic acid, an aldaric acid, and combinations thereof.

20 The cryoprotectant of this invention may also be a carbohydrate. Suitable carbohydrates are aldehyde or ketone compounds containing two or more hydroxyl groups. The carbohydrates may be cyclic or linear and include, for example, aldoses, ketoses, amino sugars, alditols, inositol, aldonic acids, uronic acids, or aldaric acids, or combinations thereof. The carbohydrate may also be a mono-, a di-, 25 or a poly-carbohydrate, such as for example, a disaccharide or polysaccharide. Suitable carbohydrates include for example, glyceraldehydes, arabinose, lyxose, pentose, ribose, xylose, galactose, glucose, hexose, idose, mannose, talose, heptose, glucose, fructose, gluconic acid, sorbitol, lactose, mannitol, methyl α-glucopyranoside, maltose, isoascorbic acid, ascorbic acid, lactone, sorbose, glucaric 30 acid, erythrose, threose, arabinose, allose, altrose, gulose, idose, talose, erythrulose, ribulose, xylulose, psicose, tagatose, glucuronic acid, gluconic acid, glucaric acid, galacturonic acid, mannuronic acid, glucosamine, galactosamine, sucrose, trehalose or neuraminic acid, or derivatives thereof. Suitable polycarbohydrates include, for

example, arabinans, fructans, fucans, galactans, galacturonans, glucans, mannans, xylans (such as, for example, inulin), levan, fucoidan, carrageenan, galactocarlose, pectins, pectic acids, amylose, pullulan, glycogen, amylopectin, cellulose, dextran, pustulan, chitin, agarose, keratin, chondroitin, dermatan, hyaluronic acid, alginic acid, 5 xanthin gum, or starch. Among particularly useful carbohydrates are sucrose, glucose, lactose, trehalose, and combinations thereof. Sucrose is a particularly useful cryoprotectant.

Preferably, the cryoprotectant of the present invention is a carbohydrate or "sugar" alcohol, which may be a polyhydric alcohol. Polyhydric compounds are 10 compounds that contain more than one hydroxyl group. Preferably, the polyhydric compounds are linear. Suitable polyhydric compounds include, for example, glycols such as ethylene glycol, polyethylene glycol, and polypropylene glycol, glycerol, or pentaerythritol; or combinations thereof.

In some preferred embodiments, the cryoprotectant agent is sucrose, 15 trehalose, mannitol, or sorbitol.

Once formulated, the compositions of the invention can be administered directly to the subject. The subjects to be treated can be animals. However, it is preferred that the compositions are adapted for administration to human subjects.

The compositions of the present invention may be administered by any 20 number of routes including, but not limited to, oral, intravenous, intramuscular, intra-arterial, intramedullary, intrathecal, intraventricular, transdermal, transcutaneous (see PCT Publication No. WO98/20734), subcutaneous, intraperitoneal, intranasal, enteral, topical, sublingual, intravaginal or rectal routes. Hyposprays may also be used to administer the compositions of the invention. Typically, the compositions 25 may be prepared as injectables, either as liquid solutions or suspensions. Solid forms suitable for solution in, or suspension in, liquid vehicles prior to injection may also be prepared.

Direct delivery of the compositions will generally be accomplished by 30 injection, subcutaneously, intraperitoneally, intravenously or intramuscularly, or delivered to the interstitial space of a tissue. The compositions can also be administered into a lesion. Dosage treatment may be a single dose schedule or a multiple dose schedule.

It will be appreciated that the active ingredient in the composition will be a cytotoxic drug/proteinaceous carrier conjugate. As such, it will be susceptible to degradation in the gastrointestinal tract. Thus, if the composition is to be administered by a route using the gastrointestinal tract, the composition will need to 5 contain agents which protect the conjugate from degradation, but which release the conjugate once it has been absorbed from the gastrointestinal tract.

A thorough discussion of pharmaceutically acceptable carriers is available in Remington's Pharmaceutical Sciences (Mack Publishing Company, N.J. 1991).

The present invention in particular provides a monomeric calicheamicin 10 derivative/ humanized anti-CD22 antibody (G5/44), CMC-544, for use in treating proliferative disorders characterized by cells expressing CD22 antigen on their surface.

The present invention further provides the use of CMC-544 in the manufacture of a composition or a medicament for the treatment of a proliferative 15 disorder characterized by cells expressing CD22.

CMC-544 may also be utilized in any therapy where it is desired to reduce the level of cells expressing CD22 that are present in the subject being treated with the composition or a medicament disclosed herein. Specifically, the composition or medicament is used to treat humans or animals with proliferative disorders namely 20 lymphomas and leukemias, which express CD22 antigen on the cell surface. These CD22-expressing cells may be circulating in the body or be present in an undesirably large number localized at a particular site in the body.

CMC-544 may also be preferably used for treatment of malignancies of B-lymphocyte lineage including lymphomas and leukemias, most preferably Non-Hodgkin's Lymphoma (NHL), acute lymphocytic leukemia (ALL), multiple myeloma, 25 acute lymphocyte leukemia (ALL) and chronic lymphocytic leukemia (CLL). CMC-544 can be used alone or in combination with other bioactive agents to treat subjects suffering from B-cell malignancies.

Bioactive agents commonly used include growth factors, cytokines, and 30 cytotoxic drugs. Cytotoxic drugs commonly used to treat proliferative disorders such as cancer, and which may be used together with CMC-544 include an anthracycline such as doxorubicin, daunorubicin, idarubicin, aclarubicin, zorubicin, mitoxantrone, epirubicin, carubicin, nogalamycin, menogaril, pitarubicin, and valrubicin for up to

three days; and a pyrimidine or purine nucleoside such as cytarabine, gemcitabine, trifluridine, ancitabine, enocitabine, azacitidine, doxifluridine, pentostatin, broxuridine, capecitabine, cladribine, decitabine, floxuridine, fludarabine, gougerotin, puromycin, tegafur, tiazofurin. Other chemotherapeutic/antineoplastic agents that may be
5 administered in combination with CMC-544 include Adriamycin, cisplatin, carboplatin, cyclophosphamide, dacarbazine, vinblastine, vincristine, mitoxantrone, bleomycin, mechlorethamine, prednisone, procarbazine, methotrexate, flurouracils, etoposide, taxol and its various analogs, and mitomycin. CMC-544 may be administered concurrently with one or more of these therapeutic agents. Alternatively, CMC-544
10 may be administered sequentially with one or more of these therapeutic agents.

CMC-544 may also be administered alone, concurrently, or sequentially with a combination of other bioactive agents such as growth factors, cytokines, steroids, antibodies such as anti-CD20 antibody, rituximab (Rituxan™), and chemotherapeutic agents as a part of a treatment regimen. Established treatment regimens for the
15 treatment of malignant lymphoproliferative disorders include CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine), CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone), COP (cyclophosphamide, vincristine, and prednisone), CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone), m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin), ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine), ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and
20 vincristine), MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin), MOPP (mechloethamine, vincristine, prednisone, and procarbazine), ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine), MOPP alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine), and MOPP (mechloethamine,
25 vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine), and ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone). Therapy may comprise
30 an induction therapy phase, a consolidation therapy phase and a maintenance

therapy phase. CMC-544 may also be administered alone, concurrently, or sequentially with any of the above identified therapy regimens as a part of induction therapy phase, a consolidation therapy phase and a maintenance therapy phase.

The conjugates of the present invention may also be administered together with other bioactive and chemotherapeutic agents as a part of combination chemotherapy regimen for the treatment of relapsed aggressive lymphomas. Such a treatment regimen includes IMVP-16 (ifosfamide, methotrexate, and etoposide), MIME (methyl-gag, ifosfamide, methotrexate, and etoposide), DHAP (dexamethasone, high-dose cytarabine, and cisplatin), ESHAP (etoposide, 10 methylprednisolone, high-dose cytarabine, and cisplatin), EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone), CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin), CAMP (lomustine, mitoxantrone, cytarabine, and prednisone), CVP-1 (cyclophosphamide, vincristine and prednisone), CHOP-B. (cyclophosphamide, 15 doxorubicin, vincristine, prednisone, and Bleomycin), CEPP-B (cyclophosphamide, etoposide, procarbazine, and bleomycin), and P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone) Additional treatment regimens for aggressive lymphomas may include in phase 1 a first line of treatment with CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone)-rituximab (RituxanTM)-CMC-544, followed in phase 2 and phase 3 with CHOP-rituximab (RituxanTM), 20 CHOP-CMC-544 or CHOP-rituximab (RituxanTM)-CMC-544. Alternatively, phase 1 may have a first line of treatment with COP (cyclophosphamide, vincristine, and prednisone)-rituximab (RituxanTM)-CMC-544, followed in phase 2 and phase 3 with COP-rituximab (RituxanTM), COP-CMC-544 or COP-rituximab (RituxanTM)-CMC-544. 25 In a further embodiment, treatment of aggressive lymphomas may include a first or second line of treatment with the antibody drug conjugate CMC-544 in phase 1, followed in phase 2 and 3 with CMC-544 and CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone), CMC-544 and COP (cyclophosphamide, vincristine, and prednisone), CMC-544 with rituximab (RituxanTM) or rituximab (RituxanTM) alone. In yet another embodiment, the treatment of aggressive 30 lymphomas may include a first or line of treatment with the antibody drug conjugate CMC-544 followed in phase 2 and 3 with CMC-544 alone or in combination with other treatment regimens including, but not limited to, ESHOP (etoposide,

methylprednisolone, high-dose cytarabine, vincristine and cisplatin), EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone), IMVP-16 (ifosfamide, methotrexate, and etoposide), ASHAP (Adriamycin, solumedrol, Ara-C, and cisplatin), MIME (methylgag, ifosfamide, methotrexate, and etoposide) and ICE (ifosfamide, cyclophosphamide, and etoposide). Details of various cytotoxic drugs used in chemotherapy of malignancies including combination chemotherapeutic regimens, dosages etc. that are provided in this application can be found in Cancer Principles and Practice of Oncology, Eds. Vincent T. DeVita, Samuel Hellman, Steven A. Rosenberg, 6th Edition, Publishers: Lippincott, Williams and Wilkins (2001) and Physician's Cancer Chemotherapy Drug Manual, Eds. Edward Chu and Vincent T. DeVita, Publishers: Jones and Bartlett, (2002).

The present invention also provides a method of treating human or animal subjects suffering from or at risk of a proliferative disorder characterized by cells expressing CD22, the method comprising administering to the subject an effective amount of CMC-544 of the present invention.

The present invention is further described below in specific working examples, which are intended to further describe the invention without limiting its scope.

20

EXAMPLE 1

GENERATION OF CANDIDATE ANTIBODIES

A panel of antibodies against CD22 were selected from hybridomas using the following selection criteria: binding to Daudi cells, internalization on Daudi cells, binding to peripheral blood mononuclear cells (PBMC), internalization on PBMC, affinity (greater than 10^{-9} M), mouse $\gamma 1$ and production rate. 5/44 was selected as the preferred antibody.

I. GENE CLONING AND EXPRESSION OF A CHIMERIC 5/44 ANTIBODY MOLECULE

30

a) Preparation Of 5/44 Hybridoma Cells And RNA Preparation Therefrom

Hybridoma 5/44 was generated by conventional hybridoma technology following immunization of mice with human CD22 protein. RNA was prepared from

5/44 hybridoma cells using a RNEasy kit (Qiagen, Crawley, UK; Catalogue No. 74106). The RNA obtained was reverse transcribed to cDNA, as described below.

b) Distribution of CD22 on NHL Tumors

An immunohistochemistry study was undertaken to examine the incidence 5 and distribution of staining using the 5/44 anti-CD22 monoclonal antibodies. Control anti-CD20 and anti-CD79a antibodies were included in the study to confirm B cell areas of tumors.

A total of 50 tumors were studied and these were categorized as follows by using the Working Formulation and REAL classification systems:

- 10 • 7 B lymphoblastic leukemia/lymphoma (High/I)
- 4 B-CLL/small lymphocytic lymphoma (Low/A)
- 3 lymphoplasmacytoid/Immunocytoma (Low/A)
- 1 Mantle cell (Int/F)
- 14 Follicle center lymphoma (Low to Int/D)
- 15 • 13 Diffuse large cell lymphoma (Int to High/G,H)
- 6 Unclassifiable (K)
- 2 T cell lymphomas

Forty B cell lymphomas were positive for CD22 antigen with the 5/44 antibody at 0.1 µg/ml and a further six became positive when the concentration was increased 20 to 0.5 µg/ml. For the remaining two B cell tumors that were negative at 0.1 µg/ml, there was insufficient tissue remaining to test at the higher concentration. However, parallel testing with another anti-CD22 antibody designated 6/13 (Celltech, Slough, UK), which gave stronger staining than 5/44, resulted in all 48 B cell lymphomas staining positive for CD22.

25 Thus, it is possible to conclude that the CD22 antigen is widely expressed on B cell lymphomas and therefore provides a suitable target for immunotherapy in NHL.

c) PCR Cloning of 5/44 V_H and V_L

cDNA sequences coding for the variable domains of 5/44 heavy and light chains were synthesized using reverse transcriptase to produce single stranded 30 cDNA copies of the mRNA present in the total RNA. This was then used as the template for amplification of the murine V-region sequences using specific oligonucleotide primers by the Polymerase Chain Reaction (PCR).

i) cDNA Synthesis

cDNA was synthesized in a 20 μ l reaction volume containing the following reagents: 50mM Tris-HCl pH 8.3, 75 mM KCl, 10 mM dithiothreitol, 3 mM MgCl₂, 0.5 mM of dATP, dTTP, dCTP, and dGTP, 20 units RNAsin, 75 ng random hexanucleotide primer, 2 μ g 5/44 RNA and 200 units Moloney Murine Leukemia Virus reverse transcriptase. After incubation at 42°C for 60 minutes, the reaction was terminated by heating at 95°C for 5 minutes.

ii) PCR

Aliquots of the cDNA were subjected to PCR using combinations of primers specific for the heavy and light chains. Degenerate primer pools designed to anneal with the conserved sequences of the signal peptide were used as forward primers. These sequences all contain, in order, a restriction site (V_L Sful; V_H HindIII) starting 7 nucleotides from their 5' ends, the sequence GCCGCCACC (SEQ ID NO:50), to allow optimal translation of the resulting mRNAs, an initiation codon and 20-30 nucleotides based on the leader peptide sequences of known mouse antibodies (Kabat et al., Sequences of Proteins of Immunological Interest, 5th Edition, 1991, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health).

The 3' primers are designed to span the framework 4 J-C junction of the antibody and contain a restriction site for the enzyme BsiWI to facilitate cloning of the V_L PCR fragment. The heavy chain 3' primers are a mixture designed to span the J-C junction of the antibody. The 3' primer includes an Apal restriction site to facilitate cloning. The 3' region of the primers contains a mixed sequence based on those found in known mouse antibodies (Kabat et al., 1991, *supra*).

The combinations of primers described above enable the PCR products for V_H and V_L to be cloned directly into an appropriate expression vector (see below) to produce chimeric (mouse-human) heavy and light chains and for these genes to be expressed in mammalian cells to produce chimeric antibodies of the desired isotype.

Incubations (100 μ l) for the PCR were set up as follows. Each reaction contained 10 mM Tris-HCl pH 8.3, 1.5 mM MgCl₂, 50 mM KCl, 0.01% w/v gelatin, 0.25 mM of dATP, dTTP, dCTP, and dGTP, 10 pmoles 5' primer mix, 10 pmoles 3' primer, 1 μ l cDNA and 1 unit Taq polymerase. Reactions were incubated at 95°C for 5 minutes and then cycled through 94°C for 1 minute, 55°C for 1 minute and 72°C for

1 minute. After 30 cycles, aliquots of each reaction were analyzed by electrophoresis on an agarose gel.

For the heavy chain V-region, an amplified DNA product was only obtained when a primer pool annealing within the start of framework I replaced the signal peptide primer pool. The fragments were cloned into DNA sequencing vectors. The DNA sequence was determined and translated to give a deduced amino acid sequence. This deduced sequence was verified by reference to the N-terminal protein sequence determined experimentally. Figure 1 shows the amino acid sequence of the CDRs of the mouse monoclonal antibody 5/44. Figures 2 and 3 shows the DNA/protein sequence of the mature light and heavy chain V-regions of mouse monoclonal 5/44, respectively.

iii) Molecular Cloning of the PCR Fragments

The murine V-region sequences were then cloned into the expression vectors pMRR10.1 and pMRR14 (Figures 7 and 8). These are vectors for the expression of light and heavy chain containing DNA encoding constant regions of human kappa light chain and human gamma-4 heavy chain. The V_L region was sub-cloned into the expression vector by restriction digest and ligation from the sequencing vector, using SfI and BsiWI restriction sites, creating plasmid pMRR10(544cL) (Figure 8). The heavy chain DNA was amplified by PCR using a 5' primer to introduce a signal peptide, since this was not obtained in the cloning strategy – a mouse heavy chain antibody leader from a different in-house hybridoma (termed 162) was employed. The 5' primer had the following sequence:
5'GCGCGCAAGCTTGCAGGCCACCATGGACTTCGGATTCTCTCGTGTTCCTGG
CACTCATTCTCAAGGGAGTGCAGTGTGAGGTGCAGCTCGTCGAGTCTGG3'
25 (SEQ ID NO:51).

The reverse primer was identical to that used in the original V_H gene cloning. The resultant PCR product was digested with enzymes HindIII and Apal, was sub-cloned, and its DNA sequence was confirmed, creating plasmid pMRR14(544cH) (Figure 7). Transient co-transfection of both expression vectors into CHO cells generated chimeric c5/44 antibody. This was achieved using the Lipofectamine reagent according to the manufacturer's protocols (InVitrogen:Life Technology, Groningen, The Netherlands. Catalogue no. 11668-027).

II. REMOVAL OF GLYCOSYLATION SITE AND REACTIVE LYSINE

A potential N-linked glycosylation site sequence was observed in CDR-H2, having the amino acid sequence N-Y-T (Figure 3). SDS-PAGE, Western blotting and carbohydrate staining of gels of 5/44 and its fragments (including Fab) indicated that 5 this site was indeed glycosylated (not shown). In addition, a lysine residue was observed at an exposed position within CDR-H2, which had the potential to reduce the binding affinity of the antibody by providing an additional site for conjugation with an agent with which the antibody may be conjugated.

A PCR strategy was used to introduce amino acid substitutions into the CDR-H2 sequence in an attempt to remove the glycosylation site and/or the reactive 10 lysine, as shown in Figure 4. Forward primers encoding the mutations N55Q, T57A or T57V were used to remove the glycosylation site (Figure 4) and a fourth forward primer containing the substitution K60R, was generated to remove the reactive lysine residue (Figure 4). A framework 4 reverse primer was used in each of these PCR 15 amplifications. The PCR products were digested with the enzymes XbaI and ApaI and were inserted into pMRR14(544cH) (also cleaved with XbaI and ApaI) to generate expression plasmids encoding these mutants. The N55Q, T57A and T57V mutations ablate the glycosylation site by changing the amino acid sequence away from the consensus N-X-T/S while the K60R mutation replaces the potentially 20 reactive lysine with the similarly positively charged residue arginine. The resultant cH variant plasmids were co-transfected with the cL plasmid to generate expressed chimeric antibody variants.

III. EVALUATION OF ACTIVITIES OF CHIMERIC GENES

The activities of the chimeric genes were evaluated following transient 25 transfection into CHO cells and determination of affinity constants by BiaCore analysis

The affinities of chimeric 5/44 or its variants, which have had their glycosylation site or their reactive lysine removed, were investigated using BIA 30 technology for binding to CD22-mFc constructs. The results are shown in Figure 9. All binding measurements were performed in the BIACore™ 2000 instrument (Pharmacia Biosensor AB, Uppsala, Sweden). The assay was performed by capture of CD22mFc via the immobilized anti-mouse Fc. The antibody was in the soluble

phase. Samples, standard, and controls (50 μ l) were injected over immobilized anti-mouse Fc followed by antibody in the soluble phase. After each cycle, the surface was regenerated with 50 μ l of 40mM HCl at 30 μ l/min. The kinetic analysis was performed using the BIAevaluation 3.1 software (Pharmacia).

5 Removal of the glycosylation site in construct T57A resulted in a slightly faster on-rate and a significantly slower off-rate compared to the chimeric 5/44, giving an affinity improvement of approximately 5-fold. The N55Q mutation had no effect on affinity. This result was unexpected as it suggests that the removal of the carbohydrate itself apparently has no effect on binding (as with the N55Q change).

10 The improved affinity was observed only with the T57A change. One possible explanation is that, regardless of the presence of carbohydrate, the threonine at position 57 exerts a negative effect on binding that is removed on conversion of threonine to alanine. The hypothesis that the small size of alanine is important, and that the negative effect of threonine is related to its size, is supported from the result

15 obtained using the T57V mutation: that replacement with valine at position 57 is not beneficial (results not shown).

Removal of the lysine residue by the K60R mutation had a neutral effect on affinity, i.e. the introduction of the arginine residue removes a potential reactive site without compromising affinity.

20 The mutations for removal of the glycosylation site and for removal of the reactive lysine were therefore both included in the humanization design.

EXAMPLE 2

CDR-GRAFTING OF 5/44

25 The molecular cloning of genes for the variable regions of the heavy and light chains of the 5/44 antibody and their use to produce chimeric (mouse/human) 5/44 antibodies has been described above. The nucleotide and amino acid sequences of the mouse 5/44 V_L and V_H domains are shown in Figures 2 and 3 (SEQ ID NOS:7 and 8), respectively. This example describes the CDR-grafting of the 5/44 antibody

30 onto human frameworks to reduce potential immunogenicity in humans, according to the method of Adair et al., (PCT application No. WO91/09967).

I. CDR-GRAFTING OF 5/44 LIGHT CHAIN

Protein sequence alignment with consensus sequences from human sub-group I kappa light chain V region indicated 64% sequence identity. Consequently, for constructing the CDR-grafted light chain, the acceptor framework regions chosen 5 corresponded to those of the human VK sub-group I germline O12,DPK9 sequence. The framework 4 acceptor sequence was derived from the human J-region germline sequence JK1.

A comparison of the amino acid sequences of the framework regions of murine 5/44 and the acceptor sequence is given in Figure 5 and shows that there are 10 27 differences between the donor and acceptor chains. At each position, an analysis was made of the potential of the murine residue to contribute to antigen binding, either directly or indirectly, through effects on packing or at the V_H/V_L interface. If a murine residue was considered important and sufficiently different from the human residue in terms of size, polarity or charge, then that murine residue was retained. 15 Based on this analysis, two versions of the CDR-grafted light chain, having the sequences given in SEQ ID NO:19 and SEQ ID NO:20 (Figure 5), were constructed.

II. CDR-GRAFTING OF 5/44 HEAVY CHAIN

CDR-grafting of the 5/44 heavy chain was accomplished using the same 20 strategy as described for the light chain. The V-domain of the 5/44 heavy chain was found to be homologous to human heavy chains belonging to sub-group I (70% sequence identity) and therefore the sequence of the human sub-group I germline framework VH1-3,DP7 was used as an acceptor framework. The framework 4 acceptor sequences were derived from human J-region germline sequence JH4.

25 A comparison of the 5/44 heavy chain with the framework regions is shown in Figure 6 where it can be seen that the 5/44 heavy chain differs from the acceptor sequence at 22 positions. Analysis of the contribution that any of these might make to antigen binding led to 5 versions of the CDR-grafted heavy chains being constructed, having the sequences given in SEQ ID NO:23, SEQ ID NO:24, SEQ ID 30 NO:25, SEQ ID NO:26 and SEQ ID NO:27 (Figure 6).

III. CONSTRUCTION OF GENES FOR GRAFTED SEQUENCES

Genes were designed to encode the grafted sequences gH1 and gL1, and a series of overlapping oligonucleotides were designed and constructed (Figure 10). A PCR assembly technique was employed to construct the CDR-grafted V-region genes. Reaction volumes of 100 µl were set up containing 10 mM Tris-HCl pH8.3, 1.5 mM MgCl₂, 50 mM KCl, 0.001 % gelatin, 0.25 mM of dATP, dTTP, dCTP, and dGTP, 1 pmole each of the 'internal' primers (T1, T2, T3, B1, B2, B3), 10 pmole each of the 'external' primers (F1, R1), and 1 unit of Taq polymerase (AmpliTaq, Applied BioSystems, catalogue no. N808-0171). PCR cycle parameters were 94 °C for 1 minute, 55 °C for 1 minute and 72 °C for 1 minute, for 30 cycles. The reaction products were then run on a 1.5 % agarose gel, excised and recovered using QIAGEN spin columns (QIAquick gel extraction kit, cat no. 28706). The DNA was eluted in a volume of 30 µl. Aliquots (1 µl) of the gH1 and gL1 DNA were then cloned into the InVitrogen TOPO TA cloning vector pCR2.1 TOPO (catalogue no. K4500-01) according to the manufacturer's instructions. This non-expression vector served as a cloning intermediate to facilitate sequencing of a large number of clones. DNA sequencing using vector-specific primers was used to identify correct clones containing gH1 and gL1, creating plasmids pCR2.1 (544gH1) and pCR2.1(544gL1) (Figures 11 and 12).

An oligonucleotide cassette replacement method was used to create the humanized grafts gH4, 5, 6 and 7, and gL2. Figure 13 shows the design of the oligonucleotide cassettes. To construct each variant, the vector pCR2.1(544gH1) or pCR2.1(544gL1) was cut with the restriction enzymes shown (XmaI/SacII for the heavy chain, XmaI/BstEII for the light chain). The large vector fragment was gel purified from agarose and was used in ligation with the oligonucleotide cassette. These cassettes are composed of 2 complementary oligonucleotides (shown in Figure 13), mixed at a concentration of 0.5 pmoles/µl in a volume of 200 µl 12.5 mM Tris-HCl pH 7.5, 2.5 mM MgCl₂, 25 mM NaCl, 0.25 mM dithioerythritol. Annealing was achieved by heating to 95 °C for 3 minutes in a water bath (volume 500 ml) then allowing the reaction to slow-cool to room temperature. The annealed oligonucleotide cassette was then diluted ten-fold in water before ligation into the appropriately cut vector. DNA sequencing was used to confirm the correct sequence, creating plasmids pCR2.1 (5/44-gH4-7) and pCR2.1 (5/44-gL2). The

verified grafted sequences were then sub-cloned into the expression vectors pMRR14 (heavy chain) and pMR10.1 (light chain).

IV. CD22 BINDING ACTIVITY OF CDR-GRAFTED SEQUENCES

5 The vectors encoding grafted variants were co-transfected into CHO cells in a variety of combinations, together with the original chimeric antibody chains. Binding activity was compared in a competition assay, competing the binding of the original mouse 5/44 antibody for binding to Ramos cells (obtained from ATCC, a Burkitt's lymphoma lymphoblast human cell line expressing surface CD22). This assay was
10 considered the best way to compare the grafts in their ability to bind to cell surface CD22. The results are shown in Figures 14 and 15. As can be seen, there is very little difference between any of the grafts, all performed more effectively than the chimeric at competing against the murine parent. The introduction of the 3 additional human residues at the end of CDR-H3 (gH5 and gH7) did not appear to have
15 affected binding.

The graft combination with the least number of murine residues gL1gH7 was selected. The light chain graft gL1 has 6 donor residues. Residues V2, V4, L37 and Q45 are potentially important packing residues. Residue H38 is at the V_H/V_L interface. Residue D60 is a surface residue close to the CDR-L2 and may directly contribute to antigen binding. Of these residues, V2, L37, Q45 and D60 are found in germline sequences of human kappa genes from other sub-groups. The heavy chain graft gH7 has 4 donor framework residues (Residue R28 is considered to be part of CDR-H1 under the structural definition used in CDR-grafting (see Adair et al. (1991), PCT application No. WO91/09967)). Residues E1 and A71 are surface residues close to the CDRs. Residue I48 is a potential packing residue. Residue T93 is present at the V_H/V_L interface. Of these residues, E1 and A71 are found in other germline genes of human sub-group I. Residue I48 is found in human germline sub-group 4, and T73 is found in human germline sub-group 3.

30 The full DNA and protein sequence of both the light chain and heavy chain, including approximate position of introns within the constant region genes provided by the vectors, are shown in Figure 16 and are given in SEQ ID NO:29 and SEQ ID NO:28, respectively, for the light chain and SEQ ID NO: 31 and SEQ ID NO:30, respectively, for the heavy chain.

DNA encoding these light and heavy chain genes was excised from these vectors. Heavy chain DNA was digested at the 5' HindIII site, then was treated with the Klenow fragment of *E. coli* DNA polymerase I to create a 5' blunt end. Cleavage at the 3' EcoRI site resulted in the heavy chain fragment, which was purified, from 5 agarose gels. In the same way, a light chain fragment was produced, blunted at the 5' SphI site and with a 3' EcoRI site. Both fragments were cloned into DHFR based expression vectors and used to generate stable cell lines in CHO cells.

EXAMPLE 3

10 CONJUGATION OF NAc-GAMMA CALICHEAMICIN DMH ACBUT TO HUMANIZED
ANTI-CD22 ANTIBODY (G5/44)

In a typical conjugation reaction, humanized anti-CD22 antibody (G5/44) was conjugated to NAc-gamma calicheamicin DMH AcBut OSu (calicheamicin derivative) (see Figure 17), where the target protein concentration was 7.5 mg/ml and the target 15 calicheamicin derivative loading was 8.5 percent by weight of the protein. The target reaction pH was 8.5 ± 0.2 , and the target concentrations of the other reaction components were as follows: 50 mM N-(2-Hydroxyethyl)piperazine-N'-(4-butanesulfonic acid) (HEPBS), 37.5 mM sodium decanoate, and 9% v/v total ethanol. The reaction was conducted at $33^\circ \pm 2^\circ\text{C}$ for one hour. Results of the analysis of this 20 typical reaction prior to purification were as follows: Protein: 7.34 mg/ml; Calicheamicin Loading: 82.7 $\mu\text{g}/\text{mg}$; Aggregate: 93.25%; and Unconjugated Protein (LCF): 1.07 % (UV Area % by HPLC).

Effect of various surfactant additives and their concentrations on product yield and purity were tested to determine their effect on the production of conjugated 25 monomer (see Table 2). Reactions were run where everything was held constant except for the additive and its concentration. The conjugates produced from these reactions were analyzed for protein concentration, calicheamicin loading, aggregate content, and LCF. Although all n-carboxylic acids in the range of C₆ (hexanoate) to C₁₂ (dodecanoate) gave acceptable results, the best overall results (low LCF, low 30 aggregate, and high recovery of monomeric conjugate) were obtained with decanoate in a concentration range of 30 mM to 50 mM.

TABLE 2: EFFECT OF ADDITIVE IDENTITY AND CONCENTRATION ON CONJUGATION RESULTS

Additive/concentration	Protein Recovery (% recovery)	Percent Aggregate	Percent LCF
Hexanoate-500mM	51.3	3.36	38.3
Heptanoate-400mM	49.9	4.7	20.6
Octanoate-200mM	57.3	3.27	10.6
Nanonoate-100mM	54.7	1.41	0.3
Decanoate-50mM	56.7	1.35	0.2
Undecanoate-20mM	46.9	2.95	0.6
Dodecanoate-5mM	65.6	0.78	7.0

EXAMPLE 4

5 CHROMATOGRAPHIC PURIFICATION PROCESS

I. CHROMATOGRAPHIC SEPARATION PROCESSES

Although Butyl Sepharose 4 Fast Flow was identified as the best HIC media, acceptable results can be obtained with slight alterations in the chromatographic conditions using other resins such as Octyl Sepharose Fast Flow, PPG-600C (Tosoh Biosep), Fractogel EMD Propyl (EM Processing) and Source 15ISO (Amersham Biosciences, Piscataway, NJ).

The starting material for the purification was a conjugation reaction mixture containing 7.2 mg/mL protein at a calicheamicin derivative loading of 83 µg/mg, with an aggregate content of 10.1% (area percent by HPLC), and an LCF content of 5.6% (area percent by HPLC)

After the conjugation reaction was completed, the reaction mixture was diluted four-fold by the addition of potassium phosphate solution to a final phosphate concentration of 0.7 M (pH 8.2). After mixing, this solution was filtered through 0.45-micron filters. The diluted solution was loaded on a Butyl Sepharose 4 Fast Flow column. The total amount of protein loaded on the column was 29 mg per ml bed volume. After a wash with 0.7 M potassium phosphate, the column was eluted using a step gradient from 0.7 M to 4 mM potassium phosphate, pH 8.2. The fractions eluted in the step gradient were pooled for further processing, with the pool consisting of monomeric conjugate with less than 1 area percent each of aggregate

and LCF. This pool was loaded on a Sephadex G-25 (Amersham Biosciences) desalting column for exchange to a buffer appropriate for formulation, consisting of 20 mM Tris-Cl and 100 mM sodium chloride at pH 8.0. The purified, buffer-exchanged CMC-544 preparation had the following properties: Calicheamicin 5 Loading: 81 µg/mg; Aggregate: 0.4% (area percent by HPLC) LCF: 0.8% (area percent by HPLC).

EXAMPLE 5

BINDING ANALYSIS OF NAC-GAMMA CALICHEAMICIN DMH ACBUT-G5/44

10 IMMUNOCONJUGATE (CMC-544)

Immunoconjugate of humanized anti-CD22 antibody (G5/44) with calicheamicin (CMC-544) generated by the above conjugation process was analyzed in a binding study to determine whether the conjugate generated using the improved process had any adverse effect on antigen binding. Table 3 shows that the 15 conjugation procedure does not have any impact on the antigen binding affinity of the antibody. CMC-544 immunoconjugate made by either the old or new conjugation procedure bound the target antigen with similar affinities, which did not differ from that of the unconjugated antibody G5/44.

20 TABLE 3: BINDING AFFINITIES OF CMC-544 MADE BY USING CMA-676 AND CMC-544 CONJUGATION PROCEDURES

Anti-CD22 antibody	K _D (M)	K _A (1/M)	k _d (1/s)	k _a (1/Ms)	Percent LCF
Humanized G5/44	1.30 × 10 ⁻¹⁰	7.90 × 10 ⁹	2.80 × 10 ⁻⁵	2.20 × 10 ⁵	100
CMC-544 (21 µg/mg) (CMA-676 procedure)	1.20 × 10 ⁻¹⁰	8.10 × 10 ⁹	6.10 × 10 ⁻⁵	4.90 × 10 ⁵	25
CMC-544 (87 µg/mg) (CMC-544 procedure)	1.50 × 10 ⁻¹⁰	6.60 × 10 ⁹	6.90 × 10 ⁻⁵	4.60 × 10 ⁵	3.3

Biosensor analyses were carried out using a BIACore 2000 (BIACore AB, Uppsala, Sweden). CD22mFc was covalently immobilized on the N-25 hydroxysuccinimide-activated carboxymethyl dextran-coated biosensor chip (CM5) using a standard amine-coupling chemistry at a protein density of approximately 2000 resonance units. Samples of CMC-544 or G5/44 were diluted in the HBS buffer

(10 mM HEPES, pH 7.4, containing 150 mM NaCl, 3 mM EDTA and 0.005% polysorbate 20 (v/v)) and injected in the concentration range of 1 to 100 nM over the CD22mFc-coated biosensor chip surface at a flow rate of 30 μ l/min for 3 min to allow binding. After the binding phase, dissociation of the bound antibody was monitored
5 by washing the chip with the HBS buffer over a 15 minute period. The antigenic surface was regenerated by washing the Biosensor chip with 15 μ l of the regeneration buffer (10 mM NaOH and 200 mM NaCl) for 30 seconds, followed by a stabilization time of 2 minutes before the next cycle. Kinetic constants were calculated by nonlinear least square regression analysis using a 1:1 Langmuir
10 binding curve fitting model and BIAsimulation program (version 3.0, BIACore). The antigen binding of CMC-544 was evaluated by surface plasmon resonance analysis using CD22mFc covalently immobilized on a biosensor chip. The results of kinetic analyses of the binding of CMC-544 and G5/44 to CD22mFc show that, after the data were fitted globally to a 1:1 Langmuir binding model with compensation for mass
15 transfer, both CMC-544 and unconjugated G5/44 bound CD22 with a similar affinity (CMC-544:CD22 K_D = 200 pM; G5/44:CD22 K_D = 235 pM). Conjugation to calicheamicin did not impact the ability of G5/44 to effectively bind CD22mFc.

The binding of CMC-544 and G5/44 to CD22 expressed on the surface of B lymphoma cells was also examined by flow cytometry. Anti-CD33 mAb gemtuzumab (hP67.6) and its calicheamicin conjugate CMA-676 (gemtuzumab ozogamicin) were used as isotype-matched controls in this evaluation. Rituximab (RituxanTM), a chimeric human IgG1 anti-human CD20 mAb, was used as a positive control. Purified human polyclonal IgG1 and IgG4 were also used as negative controls. Binding of CMC-544 and G5/44 to CD22 on Ramos or RL BCL was similar and
25 distinguishable from that of human polyclonal IgG4. RL BCL displayed lower surface expression of CD22 than Ramos BCL. In contrast, the binding of CMA-676 or gL1gH7 to either BCL was similar to that of human polyclonal IgG4 consistent with their lack of expression of CD33 (data not shown). The same cells demonstrated strong binding of anti-CD20 rituximab (RituxanTM). Unlike hP67.6 and CMA-676,
30 neither CMC-544 nor G5/44 demonstrated any binding to CD22⁻ CD33⁺ HL-60 leukemia cells (data not shown). These results suggest that the conjugation of G5/44 to calicheamicin does not affect its antigen specificity. CMC-544 specifically

recognizes CD22 on human B cells, but not on murine, rat, canine, porcine or primate (cynomolgus and rhesus) B cells (data not shown).

EXAMPLE 6

5 ANALYSIS OF *IN VITRO* AND *IN VIVO* EFFECTS OF CMC-544

I. *IN VITRO* CYTOTOXICITY

The effect of CMC-544 made by using CMA-676 and CMC-544 processes on the *in vitro* growth of CD22⁺ B-Cell lymphoma cell lines, RL, Daudi, Raji and Ramos, were compared. An isotype-matched calicheamicin conjugate targeted at human CD33 10 (CMA-676) was used to reflect antigen-non-specific effects of the conjugate. The use of unconjugated N-Ac gamma calicheamicin DMH (the drug released from the conjugate upon acid hydrolysis) in this evaluation indicated that each of these cell lines used was sensitive to the lethal effects of calicheamicin. Table 4 shows the results of these evaluations based on the calicheamicin equivalence and Table 5 15 shows these results expressed as the concentrations of conjugated antibody protein. CD22-mediated delivery of calicheamicin to the CD22⁺ cells was at least 10 times more efficient in killing the target cells than the unconjugated drug itself. The isotype-matched control conjugate (CMA-676) showed cytotoxicity that was either less than or similar to the unconjugated calicheamicin derivative. It is apparent from Table 4 20 that conjugate made by the CMC-544 conjugation process can generate equivalent cytotoxic effect at lower antibody concentrations than conjugate made by the CMA-676 conjugation process.

TABLE 4: GROWTH INHIBITION BY CONJUGATED CALICHEAMICIN
(IC₅₀ Pm Of Calicheamicin)

B-CELL LYMPHOMA LINES	CMC-544 PROCESS CMC-544 LOADING: 65 µG/MG	CMA-676 PROCESS CMC-544 LOADING: 35 µG/MG	NEGATIVE CONTROL CMA-676 LOADING: 35 µG/MG	N-ACETYL GAMMA CALICHEAMICIN DMH
RL #1	6	30	600	226
	#2	12	400	270
Daudi #1	21	80	1886	260
Raji #1	500	ND*	2800	460
	#2	560	4100	490
Ramos #1	200	130	ND	700
	#2	260	ND	1000

*ND, not determined

5

TABLE 5. GROWTH INHIBITION BY CONJUGATED ANTIBODY

(IC₅₀ µg/ML OF ANTIBODY)

B-CELL LYMPHOMA LINES	CMC-544 PROCESS CMC-544 LOADING: 65 µG/MG	CMA-676 PROCESS CMC-544 LOADING: 35 µG/MG	NEGATIVE CONTROL CMA-676 LOADING: 35 µG/MG	ANTIBODY CONTROL G5/44
RL # 1	0.09	0.86	17.14	>100
	#2	0.18	11.43	>100
Daudi #1	0.32	2.29	53.89	>100
Raji #1	7.69	ND*	80.00	>100
	#2	8.62	117.14	>100
Ramos #1	3.08	3.71	ND	>100
	# 2	4.00	ND	>100

*ND, not determined

10 *In Vivo* Cytotoxicity. CMC-544 made by the CMC-544 process was further evaluated in B-cell lymphoma xenografts. In these studies, two B-cell lymphoma

tumors, RAMOS and RL, were used. RL lymphoma is a non-Burkitt's NHL-derived cell line whereas RAMOS was originally derived from a Burkitt's lymphoma. In a representative experiment shown in Figure 18, CMC-544 and its murine antibody counterpart were shown to be efficacious in inhibiting, in a dose-dependent manner,
5 the growth of RAMOS B-cell lymphoma.

The conjugate of the humanized antibody was shown to be more potent than its murine counterpart. In this study, the lowest dose of calicheamicin conjugate capable of causing significant growth inhibition of lymphoma was 10 µg/kg of conjugated NAc-gamma calicheamicin DMH. In contrast, the unconjugated antibody,
10 G5/44, at 10 mg/Kg administered intraperitoneal on a similar schedule as conjugates had no effect on tumor growth.

Similar studies were carried out using the RL lymphoma model. Table 6 shows the combined analyses of three independent experiments in which the anti-tumor effects of CMC-544 were assessed on RL NHL tumors staged to 300-400 mg
15 in size in nude mice. CMC-544 in a dose-dependent manner caused tumors to regress over a 3-week time frame. The minimally effective dose of CMC-544 in the RL lymphoma model was established from statistical analyses of these studies to be 20 µg/kg based on calicheamicin content. There were no deaths in any of these three studies. Higher doses (60-320 µg/kg) of CMC-544 caused almost complete
20 regression of RL lymphoma. Taken together, the results obtained with the two B-cell lymphoma models clearly demonstrate the capability of CMC-544 to cause tumor regression.

TABLE 6: ANTI-TUMOR EFFECT OF CMC-544 AGAINST RL NHL XENOGRAFTS
IN NUDE MICE

CALICHEAMICIN DOSE μG/KG	MEAN RELATIVE TUMOR GROWTH ¹	% T/C ²	P-VALUE VS VEHICLE ³
Vehicle	6.74	-	-
20	2.87	43	0.011
40	1.34	20	<0.001
60	0.58	9	<0.001
80	0.54	8	<0.001
160	0.21	3	<0.001
320	0.10	1	<0.001

¹ Relative tumor growth (RTG) computed as (tumor mass at Week 3/tumor mass on Day 1) for each animal.
² 100*(mean RTG for CMC-544 dose/ mean RTG for the vehicle group)
³ p-value from one-sided t-test comparison of CMC-544 vs. vehicle, using rank-transformed RTG as the response variable. Error term for all t-tests based on the pooled variance, s^2 , across all treatment groups ($s^2=154.54$).

The ability of CMC-544 made by the new procedure to inhibit growth of large established B-cell lymphoma xenografts using both the RAMOS and RL lymphoma models was also investigated. The tumors were allowed to grow and staged to 1.5 or 2 g of tumor mass after which CMC-544 or an isotype-matched negative control conjugate (CMA-676) were administered intraperitoneally at the dose of 160 μg/Kg of conjugated calicheamicin keeping the original schedule of dosing on days 1, 5 and 9.

The same schedule of dosing was shown earlier to cause long lasting regression of small staged tumors (see Table 6). As shown in Figure 19, administration of CMC-544 to large RAMOS lymphoma-bearing mice caused gradual regression of the preexisting lymphoma mass and by day 20, 3 out of 4 tumor-bearing mice were tumor-free. Monitoring these tumor-free mice up to day 50 did not indicate any re-growth of regressed RAMOS lymphoma. In contrast, an isotype matched control, CMA-676, had no effect on the tumor growth. Four out of five CMA-676-treated large tumor-bearing mice had to be sacrificed before day 15 because their tumor burden reached close to 15% of their body weight.

A similar experiment using CMC-544 was carried out in the RL lymphoma model. Intraperitoneal administration of CMC-544 at a dose of 160 µg/kg on a similar schedule as described before caused >90% regression of the pre-existing mass of RL lymphoma within 30 days. However by day 45, 2 mice in this group with 5 shrunken lymphomas showed re-growth of the tumors. These results indicate that CMC-544 is able to cause regression of small, as well as large, established lymphomas. In a small number of studies not shown here, RL lymphomas that re-grew sporadically after the initial CMC-544-induced regression were retreated with CMC-544 again. These studies showed that the RL tumors were still responsive to 10 the second course of the treatment with CMC-544 and regressed again. Thus, the treatment with CMC-544 can be effective against both small and large masses of B-cell lymphomas with the potential for repeat therapy.

II. *IN VIVO COMPARISON OF CONJUGATE MADE WITH CMA-676 AND CMC-15 544 CONJUGATION PROCESSES*

Figure 20 shows the results of a representative experiment in which staged RL lymphoma-bearing mice received two different doses (80 and 320 µg/kg of conjugated calicheamicin) of CMC-544 made using the CMA-676 conjugation process and the CMC-544 conjugation process using the standard dosing schedule. 20 The observed anti-tumor efficacy was dose-dependent as expected and there was no difference in the efficacies of either of the two CMC-544 preparations. In contrast, unconjugated N Acetyl-gamma calicheamicin DMH administered intraperitoneally at 160 µg/kg was inactive. However, it should be emphasized that for each dose of conjugated calicheamicin, the quantity of antibody protein administered in the form of 25 a conjugate was four times higher for CMC-544 made by the CMA-676 process versus that made by the CMC-544 process. Since the calicheamicin content of the targeted conjugate is primarily responsible for causing the anti-tumor effect, it is possible to deliver the required quantity of calicheamicin via the conjugate made by the new procedure using much smaller quantities of the targeting antibody. The 30 increased loading of the conjugate made by the CMC-544 process is, in effect, due to the lack of significant amounts of the low conjugated fraction (LCF).

III. TREATMENT OF RITUXIMAB (RITUXAN™)-RESISTANT TUMORS

The next question to be explored was whether the B-cell lymphomas grown after the discontinuation of the commercially available, anti-CD20 rituximab (Rituxan™) treatment would still responsive to the CMC-544 treatment. To this end, 5 developing (unstaged) RL lymphomas were treated with rituximab (Rituxan™) for three weeks. As long as the rituximab (Rituxan™) therapy was continued, the growth of RL lymphoma was inhibited. Upon cessation of rituximab (Rituxan™) therapy, RL lymphomas grew rapidly to the size of ~1 g mass at which time they were treated with CMC-544 at the intraperitoneal dose of 160 µg/Kg. As shown in Figures 21 and 10 22, these RL lymphomas were still responsive to CMC-544 with 80% of mice becoming tumor-free by day 60. Thus, CMC-544 is able to cause regression of B-cell lymphomas with three doses that could only be inhibited by the continuous dosing of rituximab (Rituxan™).

15

EXAMPLE 8

IN VITRO AND IN VITRO EFFECT OF CMC-544

I. BINDING AND TOXICITY STUDIES

CMC-544 was evaluated for its binding to CD22 and also for its activity in *in vitro* and *in vivo* models. CMC-544 was also compared to CMA-676, an isotype-matched control conjugate of hP67.6 (IgG4) with AcBut linked calicheamicin, and to 20 rituximab (Rituxan™), a chimeric IgG1 anti-CD 20 mAb, (IDEC Pharmaceuticals, San Diego, CA.), which is commercially available and was purchased from Medworld Pharmacy (Chestnut Ridge, NY). The following antibodies were used in the G5/44 binding domain studies: BU12 (Celltech, Slough, UK); BLCAM, HD239 (Santa Cruz Biotech, Santa Cruz, CA); RFB-4 (Ancell Corp, Bayport, MN); SHCL-1, Leu 14 (Becton Dickinson, Franklin Lakes, NJ); 4KB128 and To 15 (Dako Corp, Carpinteria, CA); M6/13 and M5/44 (Celltech, Slough, UK). Additional antibodies used in the blocking studies were SJ10 (Immunotech, Fullerton, CA) and M17.1.1, M19.1.1, M38.1.1 (Celltech, Slough, UK). Cell lines for the studies including Burkitt's 25 lymphoma cell line Ramos (CRL-1923) and the Non-Hodgkin's lymphoma (NHL) cell line RL (CRL-2261) were all obtained from the American Type Culture Collection. The cell lines were determined to be mycoplasma free by a polymerase chain 30 reaction mycoplasma detection assay (ATCC, Manassas, VA). The cell lines were

maintained as suspension cultures in RPMI medium plus 10% FBS, 10 mM HEPES, 1 mM sodium pyruvate, 0.2% glucose, Penicillin G sodium 100 U/ml, and streptomycin sulfate 100 µg/ml.

Whether or not G5/44 can inhibit the binding of murine mAbs of known specificity to CD22 was evaluated by BIACore analysis using Fc-CD22 immobilized to a BIACore CM5 chip. The surface plasmon resonance units (RU) obtained with and without prior saturation of the immobilized Fc-CD22 with G5/44 were compared. Biomolecular interaction analysis was performed using a BIACORE 2000. Antibodies were passed over a blank control surface (flowcell 1, serves as a control, no protein was coupled) and the test surface of Fc-CD22 (flowcell 2) immobilized on a CM5 sensor chip via amine coupling chemistry to a level of 9,042 RU. The resultant sensorgram was the response (RU) on flowcell 2 minus the response (RU) on flowcell 1. A second sensorgram was obtained by first saturating the flowcells with G5/44 (100 µg/ml) before the introduction of murine mAbs against CD22 that had been previously characterized for their binding. Immediately upon measuring the G5/44 response, murine anti-CD22 mAbs were individually perfused without removing G5/44. The second combined response generated due to the binding of murine anti-CD22 mAb to G5/44-coated CD22 was also recorded. If the murine antibody bound to CD22 at sites unrelated to those occupied by G5/44, then the combined responses would be additive. If the binding of G5/44 to CD22 interfered with or prevented the binding of the second antibody, then the combined responses would not be additive. Each of the second combined measurements were corrected for the "off-rate" of the G5/44:CD22 interaction.

G5/44 blocked the binding of only those antibodies that bound to epitope A / Ig-like domain 1 of CD22 (SHCL1 Leu 14 and HD239), indicating that G5/44 also binds in this domain of CD22. Antibodies that bind to epitope B / Ig-like domain 3 of CD22 (RFB-4), epitope C / Ig-like domain 4 of CD22 (To 15) and Ig-like domain 2 of CD22 (4KB128), were not blocked by G5/44. These results indicate that G5/44-binding site on CD22 is located on the first Ig-like domain because it prevents the binding of those anti-CD22 mAbs that recognize the first Ig-like domain of CD22 (epitope A). Another anti-CD22 antibody, M6/13 (Celltech, Slough, UK), of unknown subspecificity was also blocked by G5/44 (Celltech, Slough, UK), thus mapping the binding site of M6/13 to epitope A / Ig-like domain 1 of CD22. The antibody M5/44,

the murine parent of G5/44 that has the same specificity as G5/44, inhibits the binding of G5/44, and serves as a positive control. Anti-CD19 antibody BU12 serves as a negative control in these evaluations. The results are summarized in Table 7.

5 TABLE 7: BINDING OF MURINE ANTI-CD22 M/AB WITH DEFINED SPECIFICITIES TO G544-PRETREATED FC-CD22. BINDING RESPONSE EXPRESSED AS SURFACE PLASMON RESONANCE UNITS (RU)

Antibody	Epitope Ig Domain of CD22	Response 1 with G544	Response 2 after 2 nd Anti-CD22 mAb	Response 3 (Response 2-1)	Response 3 adjusted for "OFF" rate of G544	Binding of 2 nd mAb without G544 adjusted for background	Inhibition by G544 (%)
Anti CD22, SHCL-1 Leu 14	A 1,2	654.3	579.8	-74.5	9	29.3	69
Anti CD22 HD239	A 1	710.5	628.7	-81.8	1.7	19.3	91
Anti CD22 M 6/13	? ?	710.0	652.7	-57.3	26.2	152.4	83
Anti CD22 RFB-4	B 3	703.5	1108.5	405	488.5	534	9
Anti CD22 4KB128	? 2	691.0	1343.5	652.5	736.0	738.8	0
Anti CD22 To 15	C 4	676.9	1163.6	486.7	570.2	614.6	7
Anti CD22 M 5/44	Positive control	725.1	679.3	-45.8	37.7	613.9	94
Anti CD19 BU12	Negative control	686.2	602.7	-83.5	0	0	0

Using murine mAbs of known binding specificities for individual domains to CD22, the ability of G5/44 to block the binding of these antibodies to B cells was investigated. Additionally, the ability of the mAbs to block the binding of G5/44 to B cells was also investigated. In these studies, 1×10^5 Ramos cells were first exposed to murine anti-CD22 antibody (10 µg/ml humanized G5/44 or mouse monoclonal anti-

CD22) for 1 hour at 4° C prior to the exposure of the cells to G5/44 (10 µg/ml). Cells were incubated for an additional 1 hour at 4°C. After the antibody treatments, B cells were pelleted and washed with PBS-1% BSA and the appropriate secondary antibody was added (either FITC-goat anti-human (heavy and light chain) or FITC-goat anti-mouse (heavy and light chain)) at 100 µl of a 1:100 dilution in PBS-1% BSA for 30 minutes at 4° C. Cells were again pelleted, washed, and resuspended in PBS-1% BSA and added to a tube containing 250 µl of PBS-1% formaldehyde. Fluorescence intensity associated with cells was measured by flow cytometry using BD FACSort flow cytometer.

10 The results showed that prior exposure of G5/44 to CD22+ B cells resulted in significant inhibition of the subsequent binding of anti-CD22 mAbs M5/44 and M6/13. In contrast, the binding of anti-CD22 mAbs RFB4, To15, HD239, and 4KB to B cells was not inhibited by G5/44. The lack of significant inhibition of HD239 binding to B cells by G5/44 as detected by flow cytometry was unexpected, especially since the

15 BIACore analysis indicated that G5/44 can block the binding of HD239 to CD22. The lack of strong inhibition of HD239 binding by G5/44 may be explained based on the differences in their relative affinities for CD22. When the above murine anti-CD22 mAbs were examined for their ability to inhibit the binding of G5/44 to CD22+ B cells, SHCL1 and M6/13, but the not other anti-CD22 mAbs, inhibited the binding of G5/44.

20 The binding epitopes of HD239 and SHCL1 have been mapped to the first Ig-like domain of CD22. However, the epitopes recognized by M6/13 or M5/44 have not been mapped. The blocking studies detailed above indicate that the above antibodies recognize epitopes located on the first Ig-like domain of CD22, collectively known as epitope A.

25 Twenty thousand Ramos cells were incubated with various doses of CMC-544 with and without rituximab (Rituxan™) for 96 hours. After 96 hours, cell viability was measured by propidium iodide exclusion analyzed by flow cytometry. The mean viability of 3 to 6 wells was calculated and the dose response inhibition of cell viability was calculated for the various treatments. The background response inhibition of cell

30 viability was calculated from a zero concentration of CMC-544. Logistic regression was used to test whether CMC-544 caused a statistically significant dose-dependent inhibition of Ramos cell growth over the dose range of 0.01 to 3 ng calicheamicin DMH/ml. Logistic regression was also used to determine whether the interaction of

CMC-544 with rituximab (Rituxan™) was statistically significant. Median inhibitory concentrations (IC_{50}) were also computed and the effectiveness of each treatment relative to the treatment with CMC-544 alone was recorded. The statistical analysis was conducted using the PROBIT procedure in SAS version 8.2.

5 The results of the study showed that CMC-544 caused a dose-dependent inhibition of Ramos cell growth over the dose range of 0.01 to 3 ng calicheamicin DMH/ml. The median inhibitory concentration (IC_{50}) of CMC-544 alone was 0.029 ng/ml. The concentrations of 2, 20, and 200 μ g/ml of rituximab (Rituxan™) were added to CMC-544 treated cells to determine whether the interaction of rituximab (Rituxan™) with the cytotoxicity activity of CMC-544 is statistically significant.
10 Rituximab (Rituxan™), added at 20 and 200 μ g/ml without CMC-544, had no significant effect on cell growth by itself (111.7% and 94.0% of vehicle growth, respectively). In combination with CMC-544, all three concentrations of (Rituxan™) produced statistically significant ($p < 0.05$) shifts to the left in the slope and intercept
15 of the CMC-544 dose-response curve. The combination with 2 and 200 μ g/ml of rituximab produced the largest shifts in the dose-response curves. These 2 curves were not statistically different from each other but were significantly different ($p < 0.05$) from the 20 μ g/ml dose combination. A second study (results not reported) confirmed the results observed in the first study. The median inhibitory concentrations for the
20 combinations of 2, 20, and 200 μ g/ml of rituximab (Rituxan™) plus CMC-544 are 0.0072, 0.0081, and 0.0072 ng/ml, respectively. The median inhibitory concentrations of CMC-544 plus rituximab (Rituxan™) are approximately four-fold more potent than the IC_{50} of CMC-544 alone.

25 II IN VIVO ANTI-TUMOR ACTIVITY SUBCUTANEOUS XENOGRAFTS AND
SYSTEMATICALLY DISSEMINATED B-CELL LYMPHOMAS IN SCID MICE

Female, athymic nude mice, 18-22 g, were given total body irradiation (400 rads). Irradiation further suppressed the immune system of the mice to enhance tumor take. Three days after irradiation, mice were injected subcutaneously with 10⁷ RL cells in Matrigel (Collaborative Biomedical Products, Belford, MA, diluted 1:1 in RPMI medium) in the dorsal, right flank. When the tumors reached the appropriate size, (0.3g, typically 21 days later), CMC-544, rituximab (Rituxan™) or CHOP therapy (see below) was administered in sterile saline, 0.2 ml/mouse ip. The initial

day of drug administration was considered day 1. Two additional doses were given on days 5 and 9 (treatment = q4Dx3). CHOP therapy consisted of cyclophosphamide (C), (Cytoxin™, Bristol-Meyers Squibb Co., Princeton, NJ) 40 mg/kg ip; doxorubicin HCl (H), (Sigma-Aldrich, Co., St Louis, MO) 3.3 mg/kg ip; vincristine (O), (GensiaSicor Pharmaceuticals, Irvine, CA) 0.5 mg/kg ip; and prednisone (P), (Roxane Labs., Columbia, OH) 0.2 mg/kg po. CHO was administered according to the same dosing schedule as both CMC-544 and rituximab (Rituxan™) (q4Dx3) while prednisone was administered orally every other day for 5 doses (q2Dx5). Tumors were measured at least once a week and calculated as tumor mass (g) = 0.5 (tumor width/2)(tumor length). Group means SEM were calculated and compared to the vehicle-treated group for statistical significance using multiple T-tests. Group means were recorded up to 50 days or until either a mouse died (which disrupted the group mean) or the tumor grew too large (>3.5g) and the mouse had to be euthanized. After this time, tumor mass was reported only for each individual mouse in all treatment groups. The number of tumor free mice at the end of each study for each treatment group was also recorded.

To determine the effect of CMC-544 alone or in combination with other bioactive agents on disseminated lymphomas, the SCID mouse model was used. Male, SCID mice (CB17 SCID), 20-25g, were injected with 106 Ramos cells through the tail vein (0.2 ml). Either 3 or 9 days after cell injection, the mice were administered vehicle, conjugates (CMC-544 or CMC-676), or rituximab (Rituxan™), ip, for a total of 3 doses. For the day 3 treatment schedule, mice were dosed on days 3, 7, and 11. For the day 9 treatment schedule, mice were dosed on days 9, 13 and 17. In the day 9 treatment schedule, combinations of CMC-544 and rituximab (Rituxan™) were also given as described below. Mice were monitored daily for the presence of hind limb paralysis at which time they were killed. Seven to 10 mice per treatment group were used. The group average survival time (\pm SD), median, minimum, and maximum survival times were all calculated. The difference in survival distribution between groups was determined by using a nonparametric Log-rank test with significance reported at the 0.05 level. The survival curves were constructed using the Kaplan-Meier method.

The initial study examined the effect of two different dosing schedules on survival times of the SCID mice with the disseminated lymphoma. The first study

looked at initiating drug dosing 3 days after the tumor cells were injected intravenously (developing model), while the second study delayed drug dosing until 9 days post tumor cell injection (established model). In each study, CMC-544 (160 µg/kg), CMA-676 (160 µg/kg), or rituximab (Rituxan™) (20 mg/kg) were administered

5 3 doses ip, 4 days apart (Q4Dx3). In the developing model, vehicle-treated mice had an average survival time of 27 days (Figure 23, Table 8). CMA-676, the isotype-matched control for CMC-544, did not increase survival time significantly ($p>0.05$). CMC-544 significantly increased survival time to 41 days while rituximab had a profound effect, increasing survival time to > 125 days (significantly greater than

10 CMC-544, $p<0.05$). Delaying dosing until the tumor cells had an opportunity to circulate (homing) and deposit in the target tissues (established model) changed the results for CMC-544 and rituxumab (Rituxan™). CMA-676 again had no significant effect on survival times (Figure 24, Table 8). Rituximab (Rituxan™) increased the average survival time to 62.6 days while CMC-544 improved the average survival

15 time to 83.5 days. There was no significant difference between the effects of CMC-544 and rituximab (Rituxan™) in the established model.

TABLE 8: DESCRIPTIVE MEASURES OF SURVIVAL TIMES

Study	Compound	Average Survival Time	Median Survival time	Standard Deviation	Minimum Survival Time	Maximum Survival time	Number of Animals
Developing Model	CMA-676	32.9	34.0	3.9	28.0	36.0	7
	CMC-544	41.0	38.0	10.1	32.0	60.0	7
	Rituximab	128.4	>130.0	4.7	119.0	>130.0	7
	Vehicle	27.2	28.0	1.4	25.0	28.0	8
Established Model	CMA-676	33.7	31.0	4.6	30.0	42.0	7
	CMC-544	83.5	76.5	41.6	34.0	>130.0	8
	Rituximab	62.6	37.0	46.2	31.0	>130.0	7
	Vehicle	30.5	29.0	3.6	27.0	36.0	8

20 A preliminary study was conducted to determine if rituximab (Rituxan™) had any effect, either positive or negative, on the survival response of CMC-544. CMC-544 (160 µg/kg) was administered with and without rituximab (Rituxan™) (20 mg/kg, labeled the high dose drug combination (HD)). In addition, lower doses of CMC-544 (80 µg/kg) were co-administered with lower doses of rituximab (Rituxan™) (10 mg/kg). The compounds were not given separately at the respective 80 µg/kg or 10

25 mg/kg).

mg/kg doses due to the limited number of mice in the study. This combination, CMC-544 (80 µg/kg) with rituximab (Rituxan™) (10 mg/kg), was labeled the medium dose combination (MD) and was run to determine the feasibility of lower dose combinations of drugs on SCID mouse survival. CMC-544 (160 µg/kg) and rituximab (Rituxan™) (20 mg/kg), administered alone, performed as reported in the established model above. Each prolonged average survival times to 58.5 and 50.5 days, respectively (Figure 25, Table 9). In combination, the average survival time was slightly (though not statistically significant, p>0.05) improved to 64.4 days for the high-dose combination. The medium dose combination of 80 µg/kg CMC-544 and 10 mg/kg rituximab (Rituxan™) significantly improved (p<0.05 vs vehicle-treated) survival time to an average of 92.4 days. These results suggested that lower dose combinations of CMC-544 and rituximab (Rituxan™) were warranted.

15 TABLE 9: DESCRIPTIVE MEASURES OF SURVIVAL TIMES FOR INITIAL
COMBINATION STUDY

Compound	Average Survival time	Median Survival Time	Standard Deviation	Minimum Survival time	Maximum Survival Time	Number of Animals
CMC MD+Ritux MD	92.4	>100.0	16.0	62.0	>100.0	10
CMC HD+Ritux HD	64.4	58.5	26.7	29.0	>100.0	10
CMC-544	58.5	34.5	35.8	27.0	>100.0	10
Rituximab	50.5	41.0	26.4	30.0	>100.0	10
Vehicle	31.0	27.0	9.7	27.0	56.0	9

CMC MD = CMC544 medium dose, 80 µg/kg

CMC HD = CMC-544 high dose, 160 µg/kg

Ritux MD = Rituximab medium dose, 10 mg/kg

Ritux HD = Rituximab high dose, 20 mg/kg

20 A further combination study with CMC-544 and rituximab (Rituxan™) was conducted. The following treatment groups were run: CMC-544 at 40, 80 and 160 µg/kg; rituximab (Rituxan™) at 5, 10, and 20 mg/kg; and CMC-544 at 40 µg/kg plus rituximab (Rituxan™) 5 mg/kg, CMC-544 at 80 µg/kg plus rituximab (Rituxan™) 10 mg/kg, and CMC-544 at 160 µg/kg plus rituximab (Rituxan™) 20 mg/kg. All doses of rituximab (Rituxan™) slightly improved average survival time to the range of 33 – 40 days, (all doses p<0.05 compared with the vehicle-treated average survival time of

25.8, Figure 26, Table 10). The CMC-544 high dose, 160 µg/kg, improved average survival time to 85 days, consistent with the results reported in the earlier two studies. Combining CMC-544 with rituximab (Rituxan™) made no significant improvement in the survival times (Figure 27, Table 10). The two lower doses of
5 CMC-544 (80 and 40 µg/kg) each significantly improved ($p<0.05$) average survival times above that of the high dose CMC-544. For the 40 and 80 µg/kg doses of CMC-544, 90% and 80% of the mice, respectively, were still surviving at 125 days. Both drug combination groups had 100% of the mice survive until day 125. Lower doses of CMC-544 are more efficacious than the high dose of 160 µg/kg.

10 Rituximab (Rituxan™), in combination with CMC-544, had no obvious effect on CMC-544's activity in the disseminated B-cell model in SCID mice at the doses tested (see above). Whether CMC-544, co-administered with rituximab (Rituxan™), resulted in either enhancement or inhibition of anti-tumor activity was also evaluated using the subcutaneous RL B lymphoma xenograft model in Balb/c nude mice. In the
15 subcutaneous B lymphoma model, tumors were staged to an average tumor mass of 300 mg after which the two therapeutics under study were administered IP. CMC-544 was used at 20 or 80 µg/kg Q4Dx3 with or without rituximab (Rituxan™) (20 mg/kg Q4Dx3). The co-administration of rituximab (Rituxan™) neither enhanced nor inhibited significantly ($p>0.05$) the therapeutic efficacy of CMC-544 (Figure 28).
20 Rituximab (Rituxan™), administered alone, inhibited RL B lymphoma growth (57% inhibition of tumor growth at day 20, $p<0.05$ vs vehicle-treated) in this study, similar to that observed with the lower dosage of CMC-544.

The combination chemotherapeutic regimen CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) is the most commonly used treatment
25 modality for non-Hodgkin lymphoma patients. The anti-tumor effect of CHOP was compared with that of CMC-544 in established RL B lymphoma xenografts. Individual components of the CHOP regimen were used at their respective maximum tolerated doses assessed in nude mice (data not reported) and were as follows: Cyclophosphamide (C) 40 mg/kg IP, doxorubicin (H) 3.3 mg/kg IP, vincristine (O) 0.5
30 mg/kg IP, and prednisone (P) 0.2 mg/kg PO. CHO were administered Q4Dx3 and P was administered PO, Q2Dx5. CMC-544 was administered IP, Q4Dx3 at a dosage of 160 µg/kg calicheamicin equivalents. The CHOP treatment initially caused a significant inhibition of the RL B lymphoma growth (Figure 29). However, 3 weeks

later, tumors re-grew with similar growth rates as the vehicle-treated group. In contrast, the antitumor effect of CMC-544 was complete and lasted throughout the experimental period. These results suggest that CMC-544, at a dose significantly lower than the maximum nonlethal dose in nude mice, was more efficacious than the
5 CHOP combination therapy.

These studies showed that rituximab (Rituxan™), added to CMC-544 caused a significant increase in CMC-544's cytotoxic activity observed with Ramos B lymphoma cells. A synergistic interaction in Ramos cells for rituximab (Rituxan™) and glucocorticoids was also recently reported. Additionally, a synergistic growth
10 inhibition in 4 of 8 additional cell lines was observed with rituximab (Rituxan™) when given in combination with 10 µM dexamethasone.

Rituximab (Rituxan™) by itself, 0.4 to 10 µg/ml, was reported to cause a significant, though small (18% maximum) inhibition of Ramos cell growth. Additionally, it was active in 6 of 8 B-cell non-Hodgkin lymphoma cell lines when
15 incubated at 10 µg/ml (48 h incubation). Ghetie *et al.* showed that rituximab (Rituxan™), 10 µg/ml, caused a 6.2% increase in apoptosis (versus 3.5% in vehicle-treated cells) after 24 hours incubation with Ramos cells. In the current studies, rituximab (Rituxan™), at doses 20 and 200 µg/ml had no effect on Ramos cell growth when administered alone. In mice, there was no evidence of any interaction between
20 CMC-544 and rituximab (Rituxan™) in either the disseminated model or the subcutaneous xenograft model. The drug combinations tested did not interfere with each other's effects nor enhance them. Whether reducing the doses of each drug in the disseminated model will change this observation needs to be determined.

The disseminated B-cell lymphoma model with Ramos cells has been
25 described by Flavell *et al.* Median survival times for vehicle-treated mice were reported to be 34-36 days. Mice developed hind-limb paralysis and progressed to becoming moribund, dying soon after. Histological analysis of the organs revealed that the most commonly involved organs were the adrenal gland, spleen and sub-arachnoid space. The sub-arachnoid space infiltrate frequently extended into the
30 brain. Rituximab (Rituxan™) performed well when administered in the early phase of the disease process for the disseminated SCID mice (Figure 23), but was less impressive when administered at day 9 in the established phase of the model (Figure 24). Rituximab (Rituxan™), being of the IgG1 isotype, most likely works through the

mouse host effector mechanisms. These mechanisms include complement-mediated cytotoxicity and/ or antibody dependent cellular cytotoxicity through recruitment of natural killer cells that are present in SCID mice. The injected Ramos tumor cells are probably more susceptible early on to the host immune mechanisms that are activated by rituximab (Rituxan™), before the cells have an opportunity to infiltrate into the affected organs. The unconjugated G5/44 antibody (the targeting molecule in CMC-544) had not yet been tested in the disseminated tumor model in SCID mice, but it had no effect when administered in subcutaneous xenografts. G5/44, being of the IgG4 isotype, would not be expected to activate the host effector mechanisms and, therefore, would not produce anti-tumor activity.

Calicheamicin conjugated G5/44 (CMC-544) behaved in the opposite fashion than rituximab (Rituxan™), producing better results when administered in the established phase of the disease. The reason for CMC-544 performing better in the established phase is not clear, but the established phase more closely represents the clinical situation. CMA-676, the isotype matched, nonbonding control conjugate, did not have any significant effects on the average survival times. The results in the disseminated SCID model clearly suggest that the doses of CMC-544 need to be reduced to determine the maximum efficacious dose (MED). The 160 µg/kg dose was less active than the lower doses of 80 and 40 µ/kg. It is not clear why this is so but the 160 µg/kg dose may be well over the MED. Further studies are planned to address this issue.

Mohammad et al., used CHOP therapy (Cyclophosphamide (C) 40 mg/kg IV, doxorubicin (H) 3.3 mg/kg IV, vincristine (O) 0.5 mg/kg IV, and prednisone (P) 0.2 mg/kg PO) in a model of subcutaneous xenografts with a diffuse large cell lymphoma cell line, DLCL. The doses used for the CHOP therapy were determined to be their maximum tolerated dose. Therapy, CHO given once IV and P, given daily for 5 days, was rated 'active', producing a T/C of 25.8%. No tumor cures were recorded. The results in the model described by Mohammad et al., appear similar to those observed with CHOP therapy (administered IP, Q4Dx3) in the RL model described herein. In neither study did CHOP produce long-term cures, unlike CMC-544.

TABLE 10: DESCRIPTIVE MEASURES OF SURVIVAL TIME FOR COMBINATION STUDIES

Treatment	Average Survival Time	Median Survival Time	Standard Deviation	Minimum Survival Time	Maximum Survival Time	Number of Animals
CMC-544 40 µg/kg	118.90	125.00	19.29	64.00	125.00	10
CMC LD + Ritux LD	125.00	125.00	0.00	125.00	125.00	10
CMC-544 80 µg/kg	118.22	125.00	17.86	71.00	125.00	9
CMC MD + Ritux MD	125.00	125.00	0.00	125.00	125.00	10
CMC-544 160 µg/kg	85.22	82.00	40.37	35.00	125.00	9
CMC HD + Ritux HD	91.30	100.00	36.31	44.00	125.00	10
Rituximab 5 mg/kg	40.70	36.50	9.57	34.00	64.00	10
Rituximab 10 mg/kg	33.80	34.00	3.26	29.00	41.00	10
Rituximab 20 mg/kg	40.50	34.00	15.45	31.00	82.00	10
Vehicle	25.80	25.00	3.12	22.00	34.00	10

CMC LD = CMC-544 low dose, 40 µg/kg
 CMC MD = CMC-544 medium dose, 80 µg/kg
 CMC HD = CMC-544 high dose, 160 µg/kg

Ritux LD = Rituximab low dose, 5 mg/kg
 Ritux MD = Rituximab medium dose, 10 mg/kg
 Ritux HD = Rituximab high dose, 20 mg/kg

5

EXAMPLE 9

STABLE FORMULATIONS OF CMC-544

Stable formulations of CMC-544 for *in vivo* administration were prepared by adding diluents, excipients, carriers and stabilizers. Following HIC chromatography, the chromatographic fractions are assayed by SEC-HPLC and multiwavelength UV analysis. Appropriate fractions were selected for pooling on the basis of the above analysis, which provided information on aggregate content, protein concentration, and calicheamicin loading. Excipients, stabilizers, bulking agents and buffering agents were added to stabilize the solution. Since CMC-544 can undergo degradation via a number of degradation pathways, physical instabilities need to be considered in the development of formulations. One of the main considerations in the development of formulations is that the rate of hydrolysis of calicheamicin from

the antibody must be minimized while the physical and chemical integrity of the anti-CD-22 antibody must be maintained. In addition, precipitation of the calicheamicin-antibody conjugate, which can occur under certain pH and concentration conditions, needs to be minimized.

5 In developing a formulation of a monomeric calicheamicin derivative-antibody conjugate, the pH of the formulation is critical, as this minimizes degradation and physical instability. A pH of 8.0 was selected to minimize hydrolysis of calicheamicin and maintain adequate solubility of the conjugate. Additional data, obtained using SDS-PAGE and antigen binding ELISA, indicated that the significant structural
10 integrity and specificity of the antibody are maintained at a pH of 8.0. Consequently, tromethamine was chosen as a buffering agent to maintain a pH of 8.0. An alternative buffer could include dibasic sodium or potassium phosphate. The range of buffer concentration can be 5 to 50 mM. A preferred pH range of 7.5 to 8.5 is suggested for optimum stability/solubility. The current pH specification for the finished
15 product is 7.0-9.0.

Although the stability of the buffered conjugate solutions is adequate for the short time, long-term stability is poor. Lyophilization is used to improve the shelf life of the conjugates. The problems associated with lyophilization of a protein solution are well documented, and the loss of secondary, tertiary and quaternary structure
20 can occur during freezing and drying processes. Sucrose is included in the formulation to act as an amorphous stabilizer of the conjugate and maintain the structural integrity of the antibody during freezing and drying. Concentrations of 1.5-5.0% w/v sucrose have been used. In addition, a polymeric bulking agent, such as Dextran 40 or hydroxyethyl starch can be incorporated to enhance the appearance
25 and physical rigidity of the lyophilized cakes at a concentration of 0.5-1.5% by weight. These materials form lyophilized cakes at relatively low concentrations and can be used to minimize the overall solids content of the lyophilized formula, thus permitting more rapid freeze drying. Formulation studies have used a Dextran 40 concentration of 0.9% by weight.

30 Polysorbate 80 is included in the formulation to enhance the solubility of the conjugate. A preferred concentration of 0.01% is used with a potential range of 0.005-0.05%. Tween is also added to the formulation at a concentration of 0.91-0.05% by volume.

An electrolyte may also be present in the formula and may be used to improve the efficiency of the final purification process. Sodium chloride is typically used at a concentration of 0.01M to 0.1 M. Additional electrolytes such as sodium sulfate may also be used as a replacement for sodium chloride since it may be more easily lyophilized. Optimally, the final CMC-544 solution comprises 1.5% sucrose (by weight), 0.9% Dextran 40 (by weight), 0.01% tween 80, 50 mM sodium chloride, 0.01% polysorbate 80 (by weight) and 20 mM tromethamine.

A representative formula for the solution prior to lyophilization is presented below: CMC-544 0.5 mg/mL, sucrose 1.5% by weight, Dextran 40 0.9% by weight, sodium chloride 0.05 M, tween 0.01-0.05% by volume, polysorbate 80 0.01% by weight, tromethamine 0.02 M, pH 8.0, and water. The solution is dispensed into amber vials at a temperature of +5°C to 10°C, (optimally at +5°C); the solution is frozen at a freezing temperature of -35°C to -50°C, (optimally at -45°C); the frozen solution is subjected to an initial freeze drying step at a primary drying pressure of 20 to 80 microns, (optimally at 60 microns); the freeze-dried product is held at a shelf temperature at -10 °C to -40°C, (optimally at -30°C), for 24 to 72 hours, (optimally for 60 hours); and finally the freeze-dried product is subjected to a secondary drying step at a drying pressure of 20-80 microns, (optimally at 60 microns) at a shelf temperature of +10°C to +35°C, (optimally +25°C), for 15 to 30 hours (optimally for 24 hours). A pressure rise test is used to determine the end of primary drying. At the conclusion of the lyophilization cycle, the vials are back-filled with nitrogen and stoppered.

Table 11 sets out the differences in the formulation used for CMC-544 and the formulation used for CMC-676. Significant differences between the CMA-676 formulation and the formulation used for CMC-544 include reduced protein concentration in the new formulation (0.5 mg/mL), the use of tromethamine as a buffer and the presence of 0.01% tween 80. This results in the reconstituted CMC-544 in the new formulation being clear as opposed to the turbidity seen in the reconstituted CMA-676 formulation (see Tables 12 and 13).

TABLE 11: COMPARISON OF THE CMA-676 FORMULATION AND CMC-544 FORMULATION FOR CMC-544

	CMA-676 Formulation	CMC-544 Formulation
Protein Concentration	1.0 mg/mL	0.5 mg/mL
Formulation	1.5% sucrose, 0.9% Dextran 40, 100 mM sodium chloride, 5 mM phosphate buffer	1.5% sucrose, 0.9% Dextran 40, 0.01% tween 80, .01% polysorbate 80, 50 mM sodium chloride, 20 mM tromethamine

5 TABLE12: STABILITY AND PHYSICO-CHEMICAL OBSERVATIONS OF THE CMA-676 AND CMC-544 FORMULATIONS FOR CMC-544 AT 5°C.

Time	CMA-676 Formulation		CMC-544 Formulation	
	Initial	2 weeks	Initial	2 weeks
Physical Observation	Slightly turbid	Slightly turbid	Clear	Clear
PH	7.5	7.5	7.8	7.8
Total Protein(mg/mL)	1.07	1.07	0.52	0.52
Total Calicheamicin (µg/mg of protein)	67	67	57	57
Unconjugated Calicheamicin (µg/mg of protein)	1.21	2.82	0.97	1.13
% Aggregates	3.03	2.81	1.59	1.70

TABLE 13: STABILITY AND PHYSICO-CHEMICAL OBSERVATIONS OF THE
CMA-676 AND CMC-544 FORMULATION LYOPHILIZED AND STORED AT 25°C

	CMA-676 FORMULATION		CMC-544 Formulation	
Time	Initial	4 weeks	Initial	4 weeks
Physical Observation of Reconstituted Conjugates	Slightly turbid	Slightly turbid	Clear	Clear
PH	7.5	7.5	7.8	7.8
Total Protein (mg/mL)	1.03	1.03	0.51	0.51
Total Calicheamicin (μ g/mg of protein)	67	67	57	57
Unconjugated Calicheamicin (μ g/mg of protein)	1.13	1.03	1.03	0.94
% Aggregates	2.63	2.96	1.49	2.09

* * * * *

5 All references and patents cited above are incorporated herein by reference.
Numerous modifications and variations of the present inventions are included in the
above-identified specification and are expected to be obvious to one of skill in the art.
Such modifications and alterations to the conjugation process, the conjugates made
by the process, and to the compositions/formulations comprising conjugates are
10 believed to be encompassed within the scope of the claims.

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WHAT IS CLAIMED IS:

1. A method for preparing monomeric cytotoxic drug/carrier conjugates with reduced low conjugated fraction (LCF) having the formula,
5 $\text{Pr}(-\text{X}-\text{W})_m$
wherein:
 - Pr is a proteinaceous carrier,
 - X is a linker that comprises a product of any reactive group that can react with a proteinaceous carrier,10 W is a cytotoxic drug ;
m is the average loading for a purified conjugation product such that the cytotoxic drug constitutes 7 - 9% of the conjugate by weight; and
(-X-W)_m is a cytotoxic drug derivative,
said method comprising the steps of:
15 (1) adding the cytotoxic drug derivative to the proteinaceous carrier wherein the cytotoxic drug derivative is 4.5 - 11% by weight of the proteinaceous carrier;
- (2) incubating the cytotoxic drug derivative and a proteinaceous carrier in a non-nucleophilic, protein-compatible, buffered solution having a pH in the range from about 7 to 9 to produce a monomeric cytotoxic drug/carrier conjugate, wherein the solution further comprises (a) an organic cosolvent, and (b) an additive comprising at least one C₆-C₁₈ carboxylic acid or its salt, and wherein the incubation is conducted at a temperature ranging from about 30°C to about 35°C for a period of time ranging from 20 about 15 minutes to 24 hours; and
25 (3) subjecting the conjugate produced in step (2) to a chromatographic separation process to separate monomeric cytotoxic drug derivative/proteinaceous carrier conjugates with a loading in the range of 4 - 10 % by weight cytotoxic drug and with low conjugated fraction (LCF) below 10 percent from unconjugated proteinaceous carrier, cytotoxic drug derivative, and aggregated conjugates.

2. The method of claim 1, wherein the proteinaceous carrier is selected from a group consisting of hormones, growth factors, antibodies, antibody fragments, antibody mimics, and their genetically or enzymatically engineered counterparts.
3. The method of claim 1, wherein the proteinaceous carrier is an antibody.
- 5 4. The method of claim 3, wherein the antibody is selected from a group consisting of a monoclonal antibody, a chimeric antibody, a human antibody, a humanized antibody, a single chain antibody, a Fab fragment and a F(ab)2 fragment.
- 10 5. The method of claim 4, wherein the humanized antibody is directed against the cell surface antigen CD22.
6. The method of claim 5, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody, and comprises a light chain variable region 5/44-gL1 (SEQ ID NO:19), and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).
- 15 7. The method of claim 5, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28.
8. The method of claim 5, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a heavy chain having a sequence set forth in SEQ ID NO:30.
- 20 9. The method of claim 5, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28 and a heavy chain having a sequence set forth in SEQ ID NO: 30.
10. The method of claim 5, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody that is a variant antibody obtained by an affinity maturation protocol and has increased specificity for human CD22.
- 25 11. The method of claim 1, wherein the cytotoxic drug is an inhibitor of tubulin polymerization.
12. The method of claim 1, wherein the cytotoxic drug is an alkylating agent that binds to and disrupts DNA.
- 30 13. The method of claim 1, wherein the cytotoxic drug inhibits protein synthesis.
14. The method of claim 1, wherein the cytotoxic drug is a tyrosine kinase inhibitor.

15. The method of claim 1, wherein the cytotoxic drug is selected from calicheamicins, thiotepa, taxanes, vincristine, daunorubicin, doxorubicin, epirubicin, esperamicins, actinomycin, authramycin, azaserines, bleomycins, tamoxifen, idarubicin, dolastatins/auristatins, hemiasterlins and maytansinoids.
- 5 16. The method of claim 1, wherein the cytotoxic drug is calicheamicin.
17. The method of claim 16, wherein the calicheamicin is gamma calicheamicin or N-acetyl gamma calicheamicin.
18. The method of claim 1, wherein the cytotoxic drug is functionalized with 3-mercaptopropanoyl hydrazide.
- 10 19. The method of claim 1, wherein the linker is a hydrolyzable linker that is capable of releasing the cytotoxic drug from the conjugate after binding and entry into target cells.
20. The method of claim 19, wherein the hydrolyzable linker is 4-(4-acetylphenoxy) butanoic acid (AcBut).
- 15 21. The method of claim 1, wherein the additive of step (2) (b) is octanoic acid or its salt.
22. The method of claim 1, wherein the additive of step (2) (b) is decanoic acid or its salt.
23. The method of claim 1, wherein the chromatographic separation process of step (3) is size exclusion chromatography (SEC).
- 20 24. The method of claim 1, wherein the chromatographic separation process of step (3) is HPLC, FPLC or Sephadex S-200 chromatography.
25. The method of claim 1, wherein the chromatographic separation process of step (3) is hydrophobic interaction chromatography (HIC).
- 25 26. The method of claim 25, wherein the hydrophobic interaction chromatography (HIC) is carried out using Phenyl Sepharose 6 Fast Flow chromatographic medium, Butyl Sepharose 4 Fast Flow chromatographic medium, Octyl Sepharose 4 Fast Flow chromatographic medium, Toyopearl Ether-650M chromatographic medium, Macro-Prep methyl HIC medium or Macro-Prep t-Butyl HIC medium.
- 30 27. The method of claim 25, wherein the hydrophobic interaction chromatography (HIC) is carried out using Butyl Sepharose 4 Fast Flow chromatographic medium.

28. A monomeric cytotoxic drug derivative/carrier conjugate produced by the method of claim 1.
29. The monomeric cytotoxic drug derivative/carrier of claim 28, wherein the cytotoxic drug is calicheamicin.
- 5 30. The monomeric cytotoxic drug derivative/carrier conjugate of claim 28, wherein the carrier is an antibody.
31. The monomeric cytotoxic drug derivative/carrier conjugate of claim 30, wherein the antibody is selected from a group consisting of a monoclonal antibody, a chimeric antibody, a human antibody, a humanized antibody, a single chain antibody, a Fab fragment and a F(ab)2 fragment.
- 10 32. The monomeric cytotoxic drug derivative/carrier conjugate of claim 31, wherein the humanized antibody is directed against the cell surface antigen, CD22.
33. The monomeric cytotoxic drug derivative/carrier conjugate of claim 32, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody, and comprises a light chain variable region 5/44-gL1 (SEQ ID NO:19), and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).
- 15 34. The monomeric cytotoxic drug derivative/carrier conjugate of claim 32, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28.
- 20 35. The monomeric cytotoxic drug derivative/carrier conjugate of claim 32, wherein the humanized anti-CD22 antibody is a CDR-grafted comprising a heavy chain having a sequence set forth in SEQ ID NO:30.
36. The monomeric cytotoxic drug derivative/carrier conjugate of claim 32, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody comprising a light chain having a sequence set forth in SEQ ID NO: 28 and a heavy chain having a sequence set forth in SEQ ID NO: 30.
- 25 37. The monomeric cytotoxic drug derivative/carrier conjugate of claim 32, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody that is a variant antibody obtained by an affinity maturation protocol and has increased specificity for human CD22.
- 30 38. The monomeric cytotoxic drug derivative/carrier conjugate of claim 32, wherein the cytotoxic drug derivative is calicheamicin.

39. The monomeric cytotoxic drug derivative/carrier conjugate of claim 38, wherein the calicheamicin is gamma calicheamicin or N-acetyl gamma calicheamicin.

40. The monomeric cytotoxic drug derivative/carrier conjugate of claim 38 or 39, 5 wherein the calicheamicin derivative is functionalized with 3-mercaptopropanoic acid.

41. The monomeric cytotoxic drug derivative/carrier of claim 38, wherein the linker is a hydrolyzable linker that is capable of releasing the cytotoxic drug from the conjugate after binding and entry into target cells.

42. The monomeric cytotoxic drug derivative/carrier conjugate of claim 41, 10 wherein the hydrolyzable linker is 4-(4-acetylphenoxy) butanoic acid (AcBut).

43. A monomeric calicheamicin derivative/anti-CD22 antibody conjugate having 15 the formula,

$$\text{Pr}(-\text{X}-\text{S}-\text{S}-\text{W})_m$$

wherein:

Pr is an anti-CD22 antibody;

X is a hydrolyzable linker that comprises a product of any reactive group that can react with an antibody;

W is a calicheamicin radical;

m is the average loading for a purified conjugation product such that the 20 calicheamicin constitutes 4 – 10% of the conjugate by weight; and

(-X-S-S-W)_m is a calicheamicin derivative.

44. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of 25 claim 43, wherein the antibody is selected from a group consisting of a monoclonal antibody, a chimeric antibody, a human antibody, a humanized antibody, a single chain antibody, a Fab fragment and a F(ab)2 fragment.

45. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of 30 claim 44, wherein the anti-CD22 antibody has specificity for human CD22 and comprises a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given as H1 in Figure 1 (SEQ ID NO:1) for CDR-H1, as H2 in Figure 1 (SEQ ID NO:2) or H2' (SEQ ID NO:13) or H2'' (SEQ ID NO:15) or H2''' (SEQ ID NO:16) for CDR-H2, or as H3 in Figure 1 (SEQ ID NO:3) for CDR-H3, and comprises a light chain wherein the variable

domain comprises a CDR having at least one of the sequences given as L1 in Figure 1 (SEQ ID NO:4) for CDR-L1, as L2 in Figure 1 (SEQ ID NO:5) for CDR-L2, or as L3 in Figure 1 (SEQ ID NO:6) for CDR-L3.

46. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
5 claim 44, wherein the antibody comprises a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:1 for CDR-H1, SEQ ID NO:2 or SEQ ID NO:13 or SEQ ID NO:15 or SEQ ID NO:16 for CDR-H2, or SEQ ID NO:3 for CDR-H3, and a light chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2, or
10 SEQ ID NO:6 for CDR-L3.

47. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 44, wherein the antibody molecule comprises SEQ ID NO:1 for CDR-H1, SEQ ID NO: 2 or SEQ ID NO:13 or SEQ ID NO:15 or SEQ ID NO:16 for
15 CDR-H2, SEQ ID NO:3 for CDR-H3, SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2 and SEQ ID NO:6 for CDR-L3.

48. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 44, wherein the humanized antibody is a CDR-grafted anti-CD22 antibody.
20

49. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 48, wherein the antibody comprises a variable domain comprising human acceptor framework regions and non-human donor CDRs.

50. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 49, wherein the human acceptor framework regions of the variable
25 domain of the heavy chain of the antibody are based on a human sub-group I consensus sequence and comprise non-human donor residues at positions 1, 28, 48, 71 and 93.

51. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 50, wherein the antibody further comprises non-human donor residues
30 at positions 67 and 69.

52. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 48, wherein the CDR-grafted antibody comprises a variable domain of
the light chain comprising a human acceptor framework region based on a

human sub-group I consensus sequence and further comprising non-human donor residues at positions 2, 4, 37, 38, 45 and 60.

53. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 52, wherein the CDR-grafted antibody further comprises a non-human donor residue at position 3.

5 54. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 48, wherein the CDR-grafted antibody comprises a light chain variable region 5/44-gL1 (SEQ ID NO:19) and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).

10 55. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 48, wherein the CDR-grafted antibody comprises a light chain having the sequence as set forth in SEQ ID NO: 28.

15 56. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 48, wherein the CDR-grafted antibody comprises a heavy chain having the sequence as set forth in SEQ ID NO:30.

57. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 48, wherein the CDR-grafted antibody comprises a light chain having the sequence as set forth in SEQ ID NO: 28 and a heavy chain having the sequence as set forth in SEQ ID NO: 30.

20 58. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 48, wherein the CDR-grafted antibody is a variant antibody obtained by an affinity maturation protocol and has increased specificity for human CD22.

59. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 44, wherein the anti-CD22 antibody is a chimeric antibody comprising the sequences of the light and heavy chain variable domains of the monoclonal antibody set forth in SEQ ID NO:7 and SEQ ID NO:8 respectively.

25 60. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of claim 44, wherein the anti-CD22 antibody comprises a hybrid CDR comprising a truncated donor CDR sequence wherein the missing portion of the donor CDR is replaced by a different sequence and forms a functional CDR.

30

61. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 43, wherein the calicheamicin derivative is a gamma calicheamicin or a
N-acetyl gamma calicheamicin derivative.

62. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
5 claim 61, wherein the calicheamicin derivative is functionalized with 3-
mercaptopropanoyl hydrazide.

63. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
10 claim 43, wherein the hydrolyzable linker is a bifunctional linker that is
capable of releasing the calicheamicin derivative from the conjugate after
binding and entry into target cells.

64. The monomeric calicheamicin derivative/anti-CD22 antibody conjugate of
claim 63, wherein the bifunctional linker is 4-(4-acetylphenoxy) butanoic acid
(AcBut).

65. A method for the preparation of a stable lyophilized composition of a
15 monomeric cytotoxic drug derivative/carrier conjugate, the method
comprising:

20 (a) dissolving the monomeric cytotoxic drug derivative/carrier conjugate to
a final concentration of 0.5 to 2 mg/mL in a solution comprising a
cryoprotectant at a concentration of 1.5%-5% by weight, a polymeric
bulking agent at a concentration of 0.5-1.5% by weight, electrolytes at
a concentration of 0.01M to 0.1 M, a solubility facilitating agent at a
concentration of 0.005-0.05% by weight, buffering agent at a
concentration of 5-50 mM such that the final pH of the solution is 7.8-
8.2, and water;

25 (b) dispensing the above solution into vials at a temperature of +5 °C to
+10 °C;

(c) freezing the solution at a freezing temperature of -35 °C to -50 °C;

(d) subjecting the frozen solution to an initial freeze drying step at a
primary drying pressure of 20 to 80 microns at a shelf-temperature at
30 -10 °C to -40 °C for 24 to 78 hours; and

(e) subjecting the freeze-dried product of step (d) to a secondary drying
step at a drying pressure of 20 to 80 microns at a shelf temperature of
+10°C to + 35°C for 15 to 30 hours.

66. The method of claim 65, wherein the cytotoxic drug derivative is an inhibitor of tubulin polymerization.
67. The method of claim 65, wherein the cytotoxic drug derivative is an alkylating agent that binds to and disrupt DNA.
- 5 68. The method of claim 65, wherein the cytotoxic drug derivative is an inhibitor of protein synthesis.
69. The method of claim 65, wherein the cytotoxic drug derivative is a tyrosine kinase inhibitor.
70. The method of claim 65, wherein the cytotoxic drug derivative is selected from calicheamicins, thiotepa, taxanes, vincristine, daunorubicin, doxorubicin, epirubicin, actinomycin, authramycin, azaserines, bleomycins, tamoxifen, idarubicin, dolastatins/auristatins, hemiasterlins, and maytansinoids.
- 10 71. The method of claim 65, wherein the cytotoxic drug derivative is calicheamicin.
- 15 72. The method of claim 65, wherein the cytotoxic drug derivative is gamma calicheamicin or N-acetyl calicheamicin.
73. The method of claim 65, further optionally comprising a bioactive agent at a therapeutically effective concentration.
74. The method of claim 73, wherein the bioactive agent is a cytotoxic drug.
- 20 75. The method of claim 73, wherein the bioactive agent is a growth factor.
76. The method of claim 73, wherein the bioactive agent is a hormone.
77. The method of claim 73, wherein the cryoprotectant is selected from a group comprising alditol, mannitol, sorbitol, inositol, polyethylene glycol, aldonic acid, uronic acid, aldaric acid, aldoses, ketoses, amino sugars, alditols, inositals, glyceraldehydes, arabinose, lyxose, pentose, ribose, xylose, galactose, glucose, hexose, idose, mannose, talose, heptose, glucose, fructose, gluconic acid, sorbitol, lactose, mannitol, methyl α -glucopyranoside, maltose, isoascorbic acid, ascorbic acid, lactone, sorbose, glucaric acid, erythrose, threose, arabinose, allose, altroose, gulose, idose, talose, erythrulose, ribulose, xylulose, psicose, tagatose, glucuronic acid, gluconic acid, glucaric acid, galacturonic acid, mannuronic acid, glucosamine, galactosamine, sucrose, trehalose, neuraminic acid, arabinans, fructans, fucans, galactans, galacturonans, glucans, mannans, xylans, levan, fucoidan,
- 25
- 30

carrageenan, galactocarlose, pectins, pectic acids, amylose, pullulan, glycogen, amylopectin, cellulose, dextran, pustulan, chitin, agarose, keratin, chondroitin, dermatan, hyaluronic acid, alginic acid, xanthan gum, starch, sucrose, glucose, lactose, trehalose, ethylene glycol, polyethylene glycol, 5 polypropylene glycol, glycerol, and pentaerythritol.

78. The method of claim 65, wherein the cryoprotectant is sucrose.

79. The method of claim 78, wherein the sucrose is present at a concentration of 1.5% by weight.

80. The method of claim 65, wherein the polymeric bulking agent is Dextran 40, 10 and is at a concentration of 0.9% by weight.

81. The method of claim 65, wherein the polymeric bulking agent is hydroxyethyl starch 40, and is at a concentration of 0.9% by weight.

82. The method of claim 65, wherein the electrolyte is sodium chloride, and is present at a concentration of 0.05 M.

83. The method of claim 65, wherein the solubility facilitating agent is a 15 surfactant.

84. The method of claim 83, wherein the surfactant is polysorbate 80, and is present at a concentration of 0.01% by weight.

85. The method of claim 65, wherein the buffering agent is tromethamine, and is 20 present at a concentration of 0.02 M.

86. The method of claim 65, wherein the pH of the solution of step (a) is 8.0.

87. The method of claim 65, wherein the solution in step (b) is dispensed into vials at a temperature of +5 °C.

88. The method of claim 65, wherein in step (c) the freezing of the solution in the 25 vials is carried out at a freezing temperature of -45 °C.

89. The method of claim 65, wherein in step (d) the frozen solution is subjected to an initial freeze drying step at a primary drying pressure of 60 microns and at a shelf temperature of -30 °C for 60 hours.

90. The method of claim 65, wherein in step (e), the freeze-dried product of step 30 (d) is subjected to a secondary drying step at a drying pressure of 60 microns at a shelf temperature of +25°C for 24 hours.

91. A composition comprising a therapeutically effective dose of a monomeric cytotoxic drug derivative/carrier conjugate prepared by the method of claim 65.
- 5 92. The composition of claim 91, wherein the carrier in the monomeric cytotoxic drug derivative/carrier conjugate is a proteinaceous carrier.
93. The composition of claim 92, wherein the proteinaceous carrier is selected from a group consisting of hormones, growth factors, antibodies, and antibody mimics.
- 10 94. The composition of claim 93, wherein the antibody is a human monoclonal antibody.
95. The composition of claim 93, wherein the antibody is a chimeric antibody.
96. The composition of claim 93, wherein the antibody is a human antibody.
97. The composition of claim 93, wherein the antibody is a humanized antibody.
- 15 98. The composition of claim 97, wherein the humanized antibody is directed against the cell surface antigen CD22.
- 20 99. The composition of claim 98, wherein the anti-CD22 antibody has specificity for human CD22, and comprises a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given as H1 in Figure 1 (SEQ ID NO:1) for CDR-H1, as H2 in Figure 1 (SEQ ID NO:2), or H2' (SEQ ID NO:13), or H2'' (SEQ ID NO:15), or H2''' (SEQ ID NO:16) for CDR-H2, or as H3 in Figure 1 (SEQ ID NO:3) for CDR-H3, and comprises a light chain wherein the variable domain comprises a CDR having at least one of the sequences given as L1 in Figure 1 (SEQ ID NO:4) for CDR-L1, as L2 in Figure 1 (SEQ ID NO:5) for CDR-L2, or as L3 in Figure 1 (SEQ ID NO:6) for CDR-L3.
- 25 100. The composition of claim 98, wherein the antibody comprises a heavy chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:1 for CDR-H1, SEQ ID NO:2 or SEQ ID NO:13 or SEQ ID NO:15 or SEQ ID NO:16 for CDR-H2, or SEQ ID NO:3 for CDR-H3, and a light chain wherein the variable domain comprises a CDR having at least one of the sequences given in SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2, or SEQ ID NO:6 for CDR-L3.

101. The composition of claim 98, wherein the antibody comprises SEQ ID NO:1 for CDR-H1, SEQ ID NO: 2 or SEQ ID NO:13 or SEQ ID NO:15 or SEQ ID NO:16 for CDR-H2, SEQ ID NO:3 for CDR-H3, SEQ ID NO:4 for CDR-L1, SEQ ID NO:5 for CDR-L2, and SEQ ID NO:6 for CDR-L3.
- 5 102. The composition of claim 98, wherein the humanized anti-CD22 antibody is a CDR-grafted humanized anti-CD22 antibody and comprises a light chain variable region 5/44-gL1 (SEQ ID NO:19), and a heavy chain variable region 5/44-gH7 (SEQ ID NO:27).
- 10 103. The composition of claim 98, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody having specificity for human CD22 and comprises a light chain having a sequence set forth in SEQ ID NO: 28.
104. The composition of claim 98, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody having specificity for human CD22 and comprises a heavy chain having a sequence set forth in SEQ ID NO:30.
- 15 105. The composition of claim 98, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody having specificity for human CD22 and comprises a light chain having a sequence set forth in SEQ ID NO: 28 and a heavy chain having a sequence set forth in SEQ ID NO: 30.
- 20 106. The composition of claim 98, wherein the humanized anti-CD22 antibody is a CDR-grafted antibody that is a variant antibody having increased specificity for human CD22, wherein the variant antibody is obtained by an affinity maturation protocol.
107. The composition of claim 91, wherein the cytotoxic drug is calicheamicin.
- 25 108. The composition of claim 107, wherein the calicheamicin is gamma calicheamicin or N-acetyl calicheamicin.
109. The composition of claim 91, further optionally comprising a bioactive agent.
110. The composition of claim 109, wherein the bioactive agent is a cytotoxic drug.
111. The composition of claim 109, wherein the bioactive agent is a growth factor.
112. The composition of claim 109, wherein the bioactive agent is a hormone.
- 30 113. A method of treating a subject with a proliferative disorder, the method comprising administering a therapeutically effective dose of the composition of claim 91.

114. The method of treatment of claim 113, wherein the therapeutically effective dose of the composition is administered subcutaneously, intraperitoneally, intravenously, intraarterially, intramedullarily, intrathecally, transdermally, transcutaneously, intranasally, topically, enterally, intravaginally, sublingually or rectally.
5
115. The method of treatment of claim 113, wherein the therapeutically effective dose of the composition is administered intravenously.
116. The method of claim 113, wherein the subject is a human subject and the proliferative disorder is cancer.
10
117. The method of claim 116, wherein the cancer is a B-cell malignancy.
118. The method of claim 117, wherein the B-cell malignancy is leukemia.
119. The method of claim 118, wherein the leukemia expresses cell surface antigen CD22.
15
120. The method of claim 117, wherein the B-cell malignancy is lymphoma.
121. The method of claim 120, wherein the lymphoma expresses cell surface antigen CD22.
122. The method of claim 116, wherein the cancer is a carcinoma.
20
123. The method of claim 116, wherein the cancer is a sarcoma.
124. A method of treating a B-cell malignancy, the method comprising administering to a patient in need of said treatment a therapeutically effective composition comprising a cytotoxic drug-anti-CD22-antibody conjugate.
25
125. The method of claim 124, wherein the B-cell malignancy is a lymphoma.
126. The method of claim 125, wherein the B-cell malignancy is a Non-Hodgkin's lymphoma.
127. The method of claim 124, comprising administering the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate with one or more bioactive agents.
30
128. The method of claim 124, wherein the cytotoxic drug in the cytotoxic drug conjugate anti-CD22 is selected from the group consisting of calicheamicins, thiotepa, taxanes, vincristine, daunorubicin, doxorubicin, epirubicin, actinomycin, authramycin, azaserines, bleomycins, tamoxifen, idarubicin, dolastatins/auristatins, hemiasterlins, maytansinoids, and esperamicins.
129. The method of claim 124, wherein the cytotoxic drug is calicheamicin.

130. The method of claim 126, wherein the calicheamicin is gamma calicheamicin or N-acetyl calicheamicin.
131. The method of claim 127, wherein the one or more bioactive agents are selected from a group consisting of antibodies, growth factors, hormones, cytokines, anti-hormones, xanthines, interleukins, interferons, and cytotoxic drugs.
5
132. The method of claim 131, wherein the bioactive agent is an antibody.
133. The method of claim 132, wherein the antibody is directed against a cell surface antigen expressed on B-cell malignancies.
- 10 134. The method of claim 133, wherein the antibody directed against cell surface antigens expressed on B-cell malignancies is selected from a group consisting of anti-CD19, anti-CD20 and anti-CD33 antibodies.
135. The method of claim 134, wherein the anti-CD20 antibody is rituximab.
136. The method of claim 131, wherein the cytokines or growth factors are selected from a group consisting of interleukin 2 (IL-2), TNF, CSF, GM-CSF, and G-CSF.
15
137. The method of claim 131, wherein the hormone is a steroid hormone and is selected from estrogens, androgens, progestins, and corticosteroids.
138. The method of claim 131, wherein the cytotoxic drug is selected from the group consisting of doxorubicin, daunorubicin, idarubicin, aclarubicin, zorubicin, mitoxantrone, epirubicin, carubicin, nogalamycin, menogaril, pitarubicin, valrubicin, cytarabine, gemcitabine, trifluridine, ancitabine, enocitabine, azacitidine, doxifluridine, pentostatin, broxuridine, capecitabine, cladribine, decitabine, floxuridine, fludarabine, gougerotin, puromycin, tegafur, tiazofurin, adriamycin, cisplatin, carboplatin, cyclophosphamide, dacarbazine, vinblastine, vincristine, mitoxantrone, bleomycin, mechlorethamine, prednisone, procarbazine methotrexate, flurouracils, etoposide, taxol, taxol analogs, and mitomycin.
20
139. The method of claim 131, wherein the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered together with one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from:
25

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- 5 D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
- 10 F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);
- 15 H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin);
- I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
- J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- 20 K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
- L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD(adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- 25 M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- 30 Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);

- S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- 5 V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 10 Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

140. The method of claim 131, wherein the therapeutically effective composition of
15 the cytotoxic drug-anti-CD22-antibody conjugate is administered prior to the administration of one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- 20 B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- 25 E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
- F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- 30 G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin and vincristine);

- H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin);
- I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
- J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- 5 K. MOPP alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
- L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- 10 M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- 15 Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- 20 U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone)
- 25 W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

30 141. The method of claim 131, wherein the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered subsequent

to the administration of one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of bioactive agents is selected from:

- 5 A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- 10 B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- 15 C. COP (cyclophosphamide, vincristine, and prednisone);
- 20 D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- 25 E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- 30 G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);
H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin);
I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine), alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);

- Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 5 S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- 10 W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 15 Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone)

142. The method of claim 131, wherein the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered together with an antibody directed against a cell surface antigen on B-cell malignancies, and optionally comprising one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- 25 B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- 30 E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);

F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);

5 G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);

H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin);

10 I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);

J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);

15 L. MOPP(mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);

N. IMVP-16 (ifosfamide, methotrexate, and etoposide);

20 O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);

P. DHAP (dexamethasone, high-dose cytarabine and cisplatin);

Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);

R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);

25 S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);

T. CVP-1 (cyclophosphamide, vincristine, and prednisone). ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);

30 U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);

V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);

- W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and

5 Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

143. A method of treating aggressive lymphomas comprising administering to a patient in need of said treatment a therapeutically effective composition of a monomeric calicheamicin derivative-anti-CD22-antibody conjugate together with one or more bioactive agents.

10 144. The method of claim 143, wherein the monomeric calicheamicin derivative-anti-CD22 antibody conjugate is CMC-544.

145. Use of the composition of claim 91 in treating a subject with a proliferative disorder, comprising administering a therapeutically effective dose of the composition.

15 146. The use according to claim 145, wherein the therapeutically effective dose of the composition is administered subcutaneously, intraperitoneally, intravenously, intraarterially, intramedullarily, intrathecally, transdermally, transcutaneously, intranasally, topically, enterally, intravaginally, sublingually or rectally.

20 147. The use according to claim 145, wherein the therapeutically effective dose of the pharmaceutical composition of the invention is administered intravenously.

25 148. The use according to claim 145, wherein the subject is a human subject and the proliferative disorder is cancer.

149. The use according to claim 148, wherein the cancer is a B-cell malignancy.

150. The use according to claim 149, wherein the B-cell malignancy is leukemia.

151. The use according to claim 150, wherein the leukemia expresses cell surface antigen CD22.

30 152. The use according to claim 149, wherein the B-cell malignancy is lymphoma.

153. The use according to claim 152, wherein the lymphoma expresses cell surface antigen CD22.

154. The use according to claim 148, wherein the cancer is a carcinoma.
155. The use according to claim 148, wherein the cancer is a sarcoma.
156. A use of a composition comprising a cytotoxic drug-anti-CD22-antibody conjugate for treating a B-cell malignancy, comprising administering to a patient in need of said treatment a therapeutically effective amount of a composition comprising a cytotoxic drug-anti-CD22-antibody conjugate.
5
157. The use according to claim 156, wherein the B-cell malignancy is a lymphoma.
158. The use according to claim 157, wherein the B-cell malignancy is a Non-Hodgkin's lymphoma.
10
159. The use according to claim 156, comprising administering the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate with one or more bioactive agents.
160. The use according to claim 156, wherein the cytotoxic drug in the cytotoxic drug-anti-CD22-antibody conjugate is selected from the group consisting of calicheamicins, thiotapec, taxanes, vincristine, daunorubicin, doxorubicin, epirubicin, actinomycin, authramycin, azaserines, bleomycins, tamoxifen, idarubicin, dolastatins/auristatins, hemiasterlins, maytansinoids, and esperamicins.
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161. The use according to claim 156, wherein the cytotoxic drug is calicheamicin.
20
162. The use according to claim 161, wherein the calicheamicin is gamma calicheamicin or N-acetyl calicheamicin.
163. The use according to claim 159, wherein the bioactive agents are selected from a group consisting of antibodies, growth factors, hormones, cytokines, anti-hormones, xanthines, interleukins, interferons, and cytotoxic drugs.
25
164. The use according to claim 163, wherein the bioactive agent is an antibody.
165. The use according to claim 164, wherein the antibody is directed against a cell surface antigen expressed on B-cell malignancies.
166. The use according to claim 165, wherein the antibody directed against cell
30 surface antigens expressed on B-cell malignancies is selected from a group consisting of anti-CD19, anti-CD20 and anti-CD33 antibodies.
167. The use according to claim 166, wherein the anti-CD20 antibody is rituximab.

168. The use according to claim 163, wherein the cytokines or growth factors are selected from a group consisting of interleukin 2 (IL-2), TNF, CSF, GM-CSF, and G-CSF.

169. The use according to claim 163, wherein the hormone is a steroid hormone and is selected from estrogens, androgens, progestins, and corticosteroids.

170. The use according to claim 163, wherein the cytotoxic drug is selected from the group consisting of doxorubicin, daunorubicin, idarubicin, aclarubicin, zorubicin, mitoxantrone, epirubicin, carubicin, nogalamycin, menogaril, pitarubicin, valrubicin, cytarabine, gemcitabine, trifluridine, ancitabine, enocitabine, azacitidine, doxifluridine, pentostatin, broxuridine, capecitabine, cladribine, decitabine, floxuridine, fludarabine, gougerotin, puromycin, tegafur, tiazofurin, adriamycin, cisplatin, carboplatin, cyclophosphamide, dacarbazine, vinblastine, vincristine, mitoxantrone, bleomycin, mechlorethamine, prednisone, procarbazine methotrexate, flurouracils, etoposide, taxol, taxol analogs, and mitomycin.

171. The use according to claim 163, wherein the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered together with one or more combinations of cytotoxic drugs as a part of a treatment regimen, wherein the combination of cytotoxic drugs is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
- F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);

G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);

5 H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin);

I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);

J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);

10 L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);

15 N. IMVP-16 (ifosfamide, methotrexate, and etoposide);

O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);

P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);

Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);

20 R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);

S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);

T. CVP-1 (cyclophosphamide, vincristine, and prednisone);

25 U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);

V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);

W. ICE (ifosfamide, cyclophosphamide, and etoposide);

30 X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);

Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and

Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

172. The use according to claim 163, wherein the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered prior to the administration of one or more combinations of cytotoxic drugs as a part of a treatment regimen, wherein the combination of cytotoxic drugs is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
- F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);
- H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin);
- I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
- J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
- L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);

- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- 5 R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- 10 U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- W. ICE (ifosfamide, cyclophosphamide, and etoposide).
- 15 X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

20 173. The use according to claim 163, wherein the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered subsequent to the administration of one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of bioactive agents is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone and procarbazine);
- B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- 25 D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);

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- F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- 5 G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);
- H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin);
- I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
- 10 J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
- L. MOPP (mechloethamine, vincristine, prednisone and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- 20 O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 25 S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- 30 W. ICE (ifosfamide, cyclophosphamide, and etoposide);

- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- 5 Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

174. The use according to claim 163, wherein the therapeutically effective composition of the cytotoxic drug-anti-CD22-antibody conjugate is administered together with an antibody directed against a cell surface antigen 10 on B-cell malignancies, and optionally comprising one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- 15 B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, 20 vincristine, dexamethasone, and leucovorin);
- F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, 25 cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);
- H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin);
- I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
- 30 J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

- K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
- L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine and dacarbazine);
- M. CHVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine, and cisplatin);
- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

175. A use of the monomeric calicheamicin derivative/anti-CD22 antibody conjugate according to claim 43 in the treatment of a subject with a B-cell malignancy comprising administering to a patient in need of said treatment a therapeutically effective amount of the conjugate.

176. The use according to claim 175, wherein the subject has a B-cell malignancy.

177. The use according to claim 176, wherein the B-cell malignancy is a lymphoma.
178. The use according to claim 177, wherein the B-cell malignancy is a Non-Hodgkin's lymphoma.
- 5 179. The use according to claim 175, wherein the conjugate is administered with one or more bioactive agents.
180. The use according to claim 175, wherein the calicheamicin derivative is a gamma calicheamicin or a N-acetyl calicheamicin derivative.
- 10 181. The use according to claim 179, wherein the bioactive agents are selected from a group consisting of antibodies, growth factors, hormones, cytokines, anti-hormones, xanthines, interleukins, interferons, and cytotoxic drugs.
182. The use according to claim 181, wherein the bioactive agents is an antibody.
183. The use according to claim 182, wherein the antibody is directed against a cell surface antigen expressed on B-cell malignancies.
- 15 184. The use according to claim 183, wherein the antibody directed against cell surface antigens expressed on B-cell malignancies is selected from a group consisting of anti-CD19, anti-CD20, and anti-CD33 antibodies.
185. The use according to claim 184, wherein the anti-CD20 antibody is rituximab.
186. The use according to claim 181, wherein the cytokines or growth factors are selected from a group consisting of interleukin 2 (IL-2), TNF, CSF, GM-CSF, and G-CSF.
- 20 187. The use according to claim 181, wherein the hormone is a steroid hormone and is selected from estrogens, androgens, progestins, and corticosteroids.
188. The use according to claim 181, wherein the cytotoxic drug is selected from the group consisting of doxorubicin, daunorubicin, idarubicin, aclarubicin, zorubicin, mitoxantrone, epirubicin, carubicin, nogalamycin, menogaril, pitarubicin, valrubicin, cytarabine, gemcitabine, trifluridine, ancitabine, enocitabine, azacitidine, doxifluridine, pentostatin, broxuridine, capecitabine, cladribine, decitabine, floxuridine, fludarabine, gougerotin, puromycin, tegafur, tiazofurin, adriamycin, cisplatin, carboplatin, cyclophosphamide, dacarbazine, vinblastine, vincristine, mitoxantrone, bleomycin, mechlorethamine, prednisone, procarbazine methotrexate, flurouracils, etoposide, taxol, taxol analogs, and mitomycin.
- 25
- 30

189. The use according to claim 181, wherein the therapeutically effective dose of
the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is
administered together with one or more combinations of cytotoxic agents as a
part of a treatment regimen, wherein the combination of cytotoxic agents is
selected from:

- 5 A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- 10 D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
- F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- 15 G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);
- H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin);
- I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
- J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- 20 K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
- L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- 25 M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);

- P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 5 S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- 10 V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 15 Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

190. The use according to claim 181, wherein the therapeutically effective dose of
20 the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is administered prior to the administration of one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- 25 B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
- C. COP (cyclophosphamide, vincristine, and prednisone);
- D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- 30 E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);

F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);

5 G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);

H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin),

I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);

10 J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);

L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);

N. IMVP-16 (ifosfamide, methotrexate, and etoposide);

20 O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);

P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);

Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);

R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);

25 S. CAMP (lomustine, mitoxantrone, cytarabine and prednisone);

T. CVP-1 (cyclophosphamide, vincristine and prednisone);

U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);

V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);

30 W. ICE (ifosfamide, cyclophosphamide, and etoposide);

X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);

Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and

5 Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

191. The use according to claim 181, wherein the therapeutically effective dose of the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is administered subsequent to the administration of one or more combinations 10 of cytotoxic agents as a part of a treatment regimen, wherein the combination of bioactive agents is selected from:

A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);

B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);

15 C. COP (cyclophosphamide, vincristine, and prednisone);

D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);

E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);

20 F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);

G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);

25 H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, fixed dose prednisone, bleomycin, and leucovorin);

I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);

J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

30 K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);

- L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine and dacarbazine);
- M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- 5 N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- 10 Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- 15 U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 20 Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

25 192. The use according to claim 181, wherein the therapeutically effective dose of the monomeric calicheamicin derivative/anti-CD22 antibody conjugate is administered together with an antibody directed against a cell surface antigen on B-cell malignancies, and optionally comprising one or more combinations of cytotoxic agents as a part of a treatment regimen, wherein the combination of cytotoxic agents is selected from:

- A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone, and procarbazine);
- B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);

- C. COP (cyclophosphamide, vincristine, and prednisone);
- D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
- E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
- 5 F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
- G. ProMACE-CytarBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and 10 vincristine);
- H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin);
- I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
- 15 J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, vinblastine);
- L. MOPP (mechloethamine, vincristine, prednisone and procarbazine) 20 alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- M. CHVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- 25 P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- 30 U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);

- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 5 Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and bleomycin); and
- Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

10 193. The use of a monomeric calicheamicin derivative/anti-CD22 antibody conjugate according to claim 43 in the manufacture of a medicament for the treatment of a proliferative disorder.

194. The use according to claim 193, wherein the calicheamicin is gamma calicheamicin or N-acetyl calicheamicin.

15 195. The use according to claim 193, wherein the proliferative disorder is a B-cell malignancy.

196. The use according to claim 195, wherein the B-cell malignancy is a Non-Hodgkin's lymphoma.

197. The use according to claim 193, wherein the medicament optionally 20 comprises one or more bioactive agents.

198. The use of claim 197, wherein the bioactive agents are selected from a group consisting of antibodies, growth factors, hormones, cytokines, anti-hormones, xanthines, interleukins, interferons and cytotoxic drugs.

199. The use according to claim 198, wherein the bioactive agents is an antibody.

200. The use according to claim 199, wherein the antibody is directed against a 25 cell surface antigen expressed on B-cell malignancies.

201. The use according to claim 200, wherein the antibody directed against cell surface antigens expressed on B-cell malignancies is selected from a group consisting of anti-CD19, anti-CD20, and anti-CD33 antibodies.

30 202. The use according to claim 202, wherein the anti-CD20 antibody is rituximab.

203. The use according to claim 198, wherein the cytokines or growth factors are selected from a group consisting of interleukin 2 (IL-2), TNF, CSF, GM-CSF, and G-CSF.

204. The use according to claim 198, wherein the hormone is a steroid hormone and is selected from estrogens, androgens, progestins, and corticosteroids.

205. The use according to claim 198, wherein the cytotoxic drug is selected from the group consisting of doxorubicin, daunorubicin, idarubicin, aclarubicin, zorubicin, mitoxantrone, epirubicin, carubicin, nogalamycin, menogaril, pitarubicin, valrubicin, cytarabine, gemcitabine, trifluridine, ancitabine, enocitabine, azacitidine, doxifluridine, pentostatin, broxuridine, capecitabine, cladribine, decitabine, floxuridine, fludarabine, gougerotin, puromycin, tegafur, tiazofurin, adriamycin, cisplatin, carboplatin, cyclophosphamide, dacarbazine, vinblastine, vincristine, mitoxantrone, bleomycin, mechlorethamine, prednisone, procarbazine methotrexate, flurouracils, etoposide, taxol, taxol analogs, and mitomycin.

206. The use according to claim 198, wherein the cytotoxic drug is a combination selected from:

15 A. CHOPP (cyclophosphamide, doxorubicin, vincristine, prednisone and procarbazine);
 B. CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone);
 C. COP (cyclophosphamide, vincristine, and prednisone);
 D. CAP-BOP (cyclophosphamide, doxorubicin, procarbazine, bleomycin, vincristine, and prednisone);
20 E. m-BACOD (methotrexate, bleomycin, doxorubicin, cyclophosphamide, vincristine, dexamethasone, and leucovorin);
 F. ProMACE-MOPP (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, mechloethamine, vincristine, prednisone, and procarbazine);
 G. ProMACE-CytaBOM (prednisone, methotrexate, doxorubicin, cyclophosphamide, etoposide, leucovorin, cytarabine, bleomycin, and vincristine);
 H. MACOP-B (methotrexate, doxorubicin, cyclophosphamide, vincristine, prednisone, bleomycin, and leucovorin);
 I. MOPP (mechloethamine, vincristine, prednisone, and procarbazine);
 J. ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);

- K. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABV (adriamycin/doxorubicin, bleomycin, and vinblastine);
- 5 L. MOPP (mechloethamine, vincristine, prednisone, and procarbazine) alternating with ABVD (adriamycin/doxorubicin, bleomycin, vinblastine, and dacarbazine);
- M. ChIVPP (chlorambucil, vinblastine, procarbazine, and prednisone);
- N. IMVP-16 (ifosfamide, methotrexate, and etoposide);
- O. MIME (methyl-gag, ifosfamide, methotrexate, and etoposide);
- 10 P. DHAP (dexamethasone, high-dose cytarabine, and cisplatin);
- Q. ESHAP (etoposide, methylprednisolone, high-dose cytarabine, and cisplatin);
- R. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin);
- 15 S. CAMP (lomustine, mitoxantrone, cytarabine, and prednisone);
- T. CVP-1 (cyclophosphamide, vincristine, and prednisone);
- U. ESHOP (etoposide, methylprednisolone, high-dose cytarabine, vincristine and cisplatin);
- V. EPOCH (etoposide, vincristine, and doxorubicin for 96 hours with bolus doses of cyclophosphamide and oral prednisone);
- 20 W. ICE (ifosfamide, cyclophosphamide, and etoposide);
- X. CEPP(B) (cyclophosphamide, etoposide, procarbazine, prednisone, and bleomycin)
- Y. CHOP-B. (cyclophosphamide, doxorubicin, vincristine, prednisone, and Bleomycin); and
- 25 Z. P/DOCE (epirubicin or doxorubicin, vincristine, cyclophosphamide, and prednisone).

FIGURE 1: SEQUENCE OF CDRS OF MOUSE MONOCLONAL 5/44

H1	NYWIH	(SEQ ID NO:1)
H2	GINPGNNYTTYKRLNLKG	(SEQ ID NO:2)
H3	EGYGNYGAWFAY	(SEQ ID NO:3)
L1	RSSQSLANSYGNNTFLS	(SEQ ID NO:4)
L2	GISNRFS	(SEQ ID NO:5)
L3	LQGTHQPYT	(SEQ ID NO:6)

FIGURE 2: DNA/PROTEIN SEQUENCE OF 5/44 V_L

10	20	30	40	50															
GAT	GTT	GTG	GTG	ACT	CAA	ACT	CCA	CTC	TCC	CTG	CCT	GTC	AGC	TTT	GGA	GAT	CAA	GTT	
CTA	CAA	CAC	CAC	TGA	GTT	TGA	GGT	GAG	AGG	GAC	GGA	CAG	TCG	AAA	CCT	CTA	GTT	CAA	
D	V	V	V	T	Q	T	P	L	S	L	P	V	S	F	G	D	Q	V>	
60	70	80	90	100															110
TCT	ATC	TCT	TGC	AGG	TCT	AGT	CAG	AGT	CTT	GCA	AAC	AGT	TAT	GGG	AAC	ACC	TTT	TTG	
AGA	AGA	AGA	ACG	TCC	AGA	TCA	GTC	TCA	GAA	CGT	TTG	TCA	ATA	CCC	TTG	TGG	AAA	AAC	
S	I	S	C	R	S	S	Q	S	L	A	N	S	Y	G	N	T	F	L>	
120	130	140	150	160															170
TCT	TGG	TAC	CTG	CAC	AAG	CCT	GGC	CAG	TCT	CCA	CAG	CTC	CTC	ATC	TAT	GGG	ATT	TCC	
AGA	ACC	ATG	GAC	GTG	TTC	CCA	CCG	GTC	AGA	GGT	GTC	GAG	GAG	TAG	ATA	CCC	TAA	AGG	
S	W	Y	L	H	K	P	G	Q	S	P	Q	L	L	I	Y	G	I	S>	
180	190	200	210	220															
AAC	AGA	TTT	TCT	GGG	GTG	CCA	GAC	AGG	TTC	ACT	GGC	AGT	GGT	TCA	GGG	ACA	GAT	TTC	
TTG	TCT	AAA	AGA	CCC	CAC	GGT	CTG	TCC	AAG	TGA	CCG	TCA	CCA	AGT	CCC	TGT	CTA	AAG	
N	R	F	S	G	V	P	D	R	F	T	G	S	G	S	G	T	D	F>	
230	240	250	260	270															280
ACA	CTC	AAG	ATC	AGC	ACA	ATA	AAG	CCT	GAG	GAC	TTG	GGA	ATG	TAT	TAC	TGC	TTA	CAA	
TGT	GAG	TTC	TAG	TCG	TGT	TAT	TTC	CCA	CTC	CTG	AAC	CCT	TAC	ATA	ATG	ACG	AAT	GTT	
T	L	K	I	S	T	I	K	P	E	D	L	G	M	Y	Y	C	L	Q>	
290	300	310	320	330															
GGT	ACA	CAT	CAG	CCG	TAC	ACG	TTC	GGA	GGG	GGG	ACC	AAG	CTG	GAA	ATA	AAA	CGT		
CCA	TGT	GTA	GTC	GGC	ATG	TGC	AAG	CCT	CCC	CCC	TGG	TTC	GAC	CTT	TAT	TTT	GCA		
G	T	H	Q	P	Y	T	F	G	G	G	T	K	L	E	I	K	R>		

FIGURE 3: DNA/PROTEIN SEQUENCE OF 5/44 V_H

10	20	30	40	50		
GAG GTC CAA CTG CAG CAG TCT GGG ACT GTC CTG GCA AGG CCT GGG GCT TCC GTG AAG						
CTC CAG GTT GAC GTC GTC AGA CCC TGA CAT GAC CGT TCC GGA CCC CGA AGG CAC TTC						
E V Q L Q Q S G T V L A R P G A S V K>						
60	70	80	90	100	110	
ATG TCC TGC AAG GCT TCT GGC TAC AGG TTT ACC AAC TAC TGG ATT CAC TGG GTA AAA						
TAC AGG ACG TTC CGA AGA CCG ATG TCC AAA TGG TTG ATG ACC TAA GTG ACC CAT TTT						
M S C K A S G Y R F T N Y W I H W V K>						
120	130	140	150	160	170	
CAG AGG CCT GGG CAG GGT CTA GAA TGG ATT GGT GGT ATT AAT CCT GGA AAT AAT TAT						
GTC TCC GGA CCC GTC CCA GAT CTT ACC TAA CCA CCA TAA TTA GGA CCT TTA TTA ATA						
Q R P G Q G L E W I G G I N P G N N Y>						
180	190	200	210	220		
ACT ACG TAT AAG AGG AAC TTG AAG GGC AAG GCC ACA CTG ACT GCA GTC ACA TCC GCC						
TGA TGC ATA TTC TCC TTG AAC TTC CCG TTC CCG TGT GAC TGA CGT CAG TGT AGG CGG						
T T Y K R N L K G K A T L T A V T S A>						
230	240	250	260	270	280	
AGC ACT GCC TAC ATG GAC CTC AGC AGC CTG ACA AGT GAG GAC TCT GCG GTC TAT TAC						
TCG TGA CGG ATG TAC CTG GAG TCG TCG GAC TGT TCA CTC CTG AGA CGC CAG ATA ATG						
S T A Y M D L S S L T S E D S A V Y Y>						
290	300	310	320	330	340	
TGT ACA AGA GAG GGC TAT GGT AAC TAC GGG GCC TGG TTT GCT TAC TGG GGC CAG GGG						
ACA TGT TCT CTC CCG ATA CCA TTG ATG CCC CGG ACC AAA CGA ATG ACC CCG GTC CCC						
C T R E G Y G N Y G A W F A Y W G Q G>						
350	360					
ACT CTG GTC ACC GTC TCC TCA						
TGA GAC CAG TGG CAG AGG AGT						
T L V T V S S>						

FIGURE 4: REMOVAL OF GLYCOSYLATION SITE AND REACTIVE LYSINE: PCR STRATEGY TO MUTATE CDR-H2 IN CH VECTOR

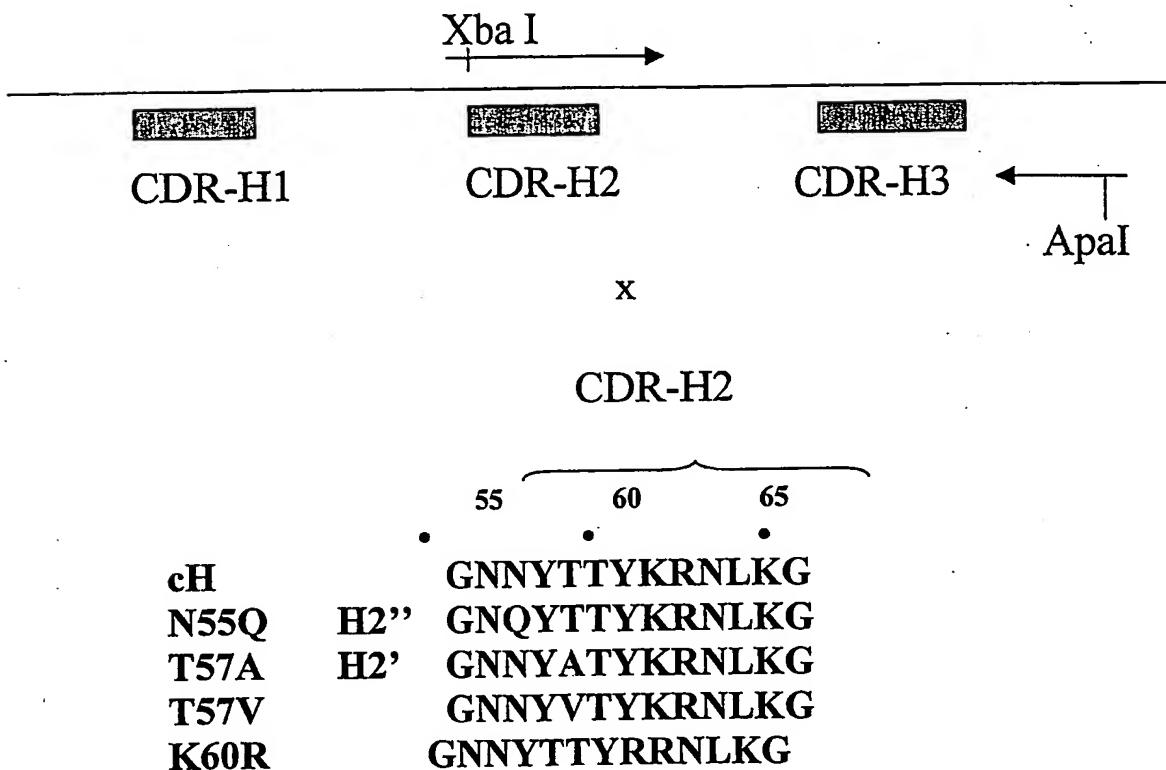


FIGURE 5: 5/44 LIGHT CHAIN SEQUENCE GRAFT DESIGN

	10	20		40
V _L	DVVVTQTPLSLPVSFQDQVSISC	RSSQSLANSYGNFLS	WYLHKPGQSPQLLIY	
DPK9	DIQMTQSPSSLSASVGDRVТИC		WYQQKPGKAPKLLIY	
gL1	DVQVTQSPSSLSASVGDRVТИC	RSSQSLANSYGNFLS	WYLHKPGKAP <u>Q</u> LLIY	
gL2	<u>DV</u> VVTQSPSSLSASVGDRVТИC	RSSQSLANSYGNFLS	WYLHKPGKAP <u>Q</u> LLIY	
	60	70	80	90
V _L	G ISNRFS	GVPDRFTGSGSGTDFTLKISTIKPEDLGMYYC	L QGTHQPYT	
DPK9	GVPSRFSGSGSGTDFTLTISSLQPEDFATYYC			
gL1	G ISNRFS	GVP <u>D</u> RFSGSGSGTDFTLTISSLQPEDFATYYC	L QGTHQPYT	
gL2	G ISNRFS	GVP <u>D</u> RFSGSGSGTDFTLTISSLQPEDFATYYC	L QGTHQPYT	
	100			
V _L	FGGGTKLEIKR			
JK1	FGQGTKVEIKR			
gL1	FGQGTKVEIKR			
gL2	FGQGTKVEIKR			

FIGURE 6: 5/44 HEAVY CHAIN SEQUENCE GRAFT DESIGN

v_H DP7 gH1 gH4,5,6,7	10 EVQLQQSGT <u>V</u> LARP <u>G</u> ASV <u>K</u> MSCK <u>A</u> SGYRFT QVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>T</u> F EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT	20 EVQLQQSGT <u>V</u> LARP <u>G</u> ASV <u>K</u> MSCK <u>A</u> SGYRFT QVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>T</u> F EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT	30 EVQLQQSGT <u>V</u> LARP <u>G</u> ASV <u>K</u> MSCK <u>A</u> SGYRFT QVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>T</u> F EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT	40 EVQLQQSGT <u>V</u> LARP <u>G</u> ASV <u>K</u> MSCK <u>A</u> SGYRFT QVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>T</u> F EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT	50 EVQLQQSGT <u>V</u> LARP <u>G</u> ASV <u>K</u> MSCK <u>A</u> SGYRFT QVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>T</u> F EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT EVQLVQSGA EVK <u>K</u> PGASV <u>K</u> SCK <u>A</u> SGY <u>R</u> FT
v_H DP7 gH1 gH4,5,6,7	60 GNNYTTTYKRNLKG KATLTAVTSASTAYMDLSSLTSEDSAVYYCTR EGYGNYG KFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCAR	70 GNNYTTTYKRNLKG KATLTAVTSASTAYMDLSSLTSEDSAVYYCTR EGYGNYG KFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCAR	80 GNNYTTTYKRNLKG KATLTAVTSASTAYMDLSSLTSEDSAVYYCTR EGYGNYG GNNYATYRRNLKG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRNLKG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRKFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRKFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG	90 GNNYTTTYKRNLKG KATLTAVTSASTAYMDLSSLTSEDSAVYYCTR EGYGNYG GNNYATYRRNLKG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRNLKG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRKFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRKFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG	100 GNNYTTTYKRNLKG KATLTAVTSASTAYMDLSSLTSEDSAVYYCTR EGYGNYG GNNYATYRRNLKG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRNLKG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRKFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG GNNYATYRRKFQG RVTMTRDTSTSTVYMELSSLRSEDTAVYYCTR EGYGNYG
JH4	110 WGQGTLVTVSS				
v_H gH1 gH4,5,6,7	AWFAY WGQGTLVTVSS				

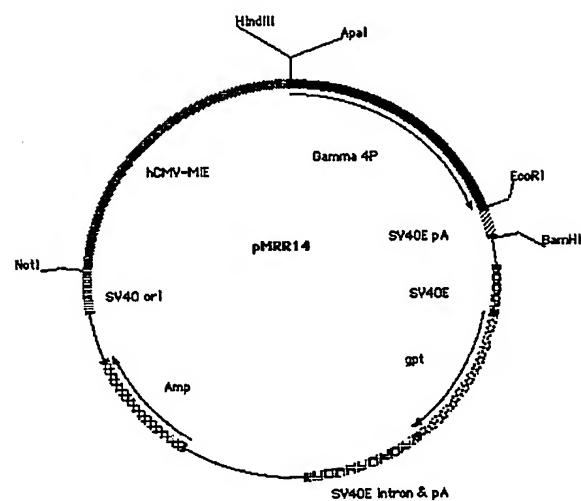
FIGURE 7: MAP OF VECTOR PMRR14.

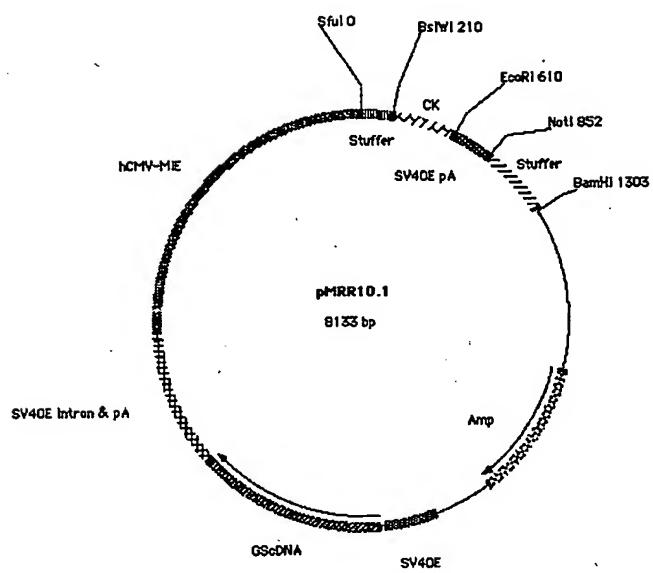
FIGURE 8: MAP OF VECTOR PMRR10.1

FIGURE 9: BIACORE ASSAY OF CHIMERIC 5/44 AND MUTANTS

5/44	K _a e ⁵	K _d e ⁻⁴	K _D e ⁻¹⁰	~KD nM
<u>cLcH</u>	2.9	1.14	3.93	0.4
N55Q	5.81	1.9	3.27	0.3
T57A	7.8	0.51	0.66	0.07
K60R	4.95	1.01	2.04	0.2

FIGURE 10: OLIGONUCLEOTIDES FOR 5/44 GH1 AND GL1 GENE ASSEMBLIES**Heavy Chain****544gH1 T1**

AGTGTGAGGTGCAATTGGTCCAGTCAGGAGCAGAGGTTAAGAACGCCTGGTGCTTCCGTC
AAAGTTTCGTGTAAGGCTAGCGGCTACAGGTTCAC

544gH1 T2

GTGGCATTAAATCCCGGAATCAGTACACTACATATAAAAGAAATCTAAAGGGCAGAGCA
ACGCTGACCGCGGACACCTCCACAAGCACTGTCTACA

544gH1 T3

AGAGAAGGCTACGTAATTACGGAGCCTGGTGCCTACTGGGCCAGGGTACCCTAGT
CACAGTCTCCTCAGCTTCTACAAAGGCCAAGAAA

544 gH1 B1

GGACCAATTGCACCTCACACTGCACTCCCTGAGAATGAGTGCCAGGAACACGAGAGAG
AATCCGAAGTCCATGGTGGCGGCAAGCTTTATTC

544 gH1 B2

GATTCCCAGGATTAATGCCACCGATCCATTCCAGGCCTGTCCCGAGCCTGCCTGACCC
AATGAATCCAATAATTGTGAACCTGTAGCCGCTAGC

544gH1 B3

CGTAATTACCGTAGCCTCTAGTACAATAGTACACTGCGGTGTCCCTGGATCTCAGAG
ATGACAGCTCCATGTAGACAGTGTGTTGGAGG

544gH1 F1

GAATAAAAGCTTGCAGCCACC

544gH1 R1

TTCTGGGCCTTGTAGAAG

FIGURE 10 CONT.Light Chain

544 gL1 T1

GCTTCCCAGGGTGACGTTCAAGTGACCCAGAGCCCATCCAGCCTGAGCGCATCTGTAGG
AGACCGGGTCACCATCACTTGTAGATCC

544 gL1 T2

TATCTGCACAAACCAGGTAAAGCCCCACAATTGCTCATCTACGGAATCTCTAACAGATT
AGTGGTGTACCAGACAGGTTCAGCGGTTCC

544gL1 T3

AGATTTGCCACTTATTACTGTTACAAGGTACACATCAGCCGTACACATTGGTCAGGG
TACTAAAGTAGAAATCAAACGTACGGCGTGC

544gL1 B1

GAACGTCACCCGGGAAGCAGGAATCCAGAACAAACAGAACGACCAACAGCCTAACAGG
CAACTTCATGGTGGCGGCTTCGAATCATCC

544gL1 B2

CTTACCTGGTTGTGCAGATACCAAGACAAAAAGGTGTTCCCATAACTGTTGCAAGAC
TCTGACTGGATCTACAAGTGATGGTGAC

544gL1 B3

AACAGTAATAAGGGCGAAATCTTCTGGCTGGAGAGACGAGATCGTGAGGGTGAAATCA
GTACCACTCCGGAACCGCTGAACCTGTCTG

544gL1 F1

GGATGATTGAAAGCCGCCAC

544gL1 R1

GCACGCCGTACGTTGATTTC

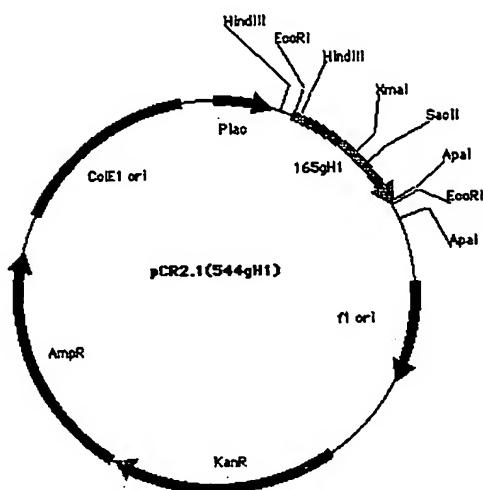
FIGURE 11: PLASMID MAPS OF INTERMEDIATE VECTORS PCR2.1 (544GH1)

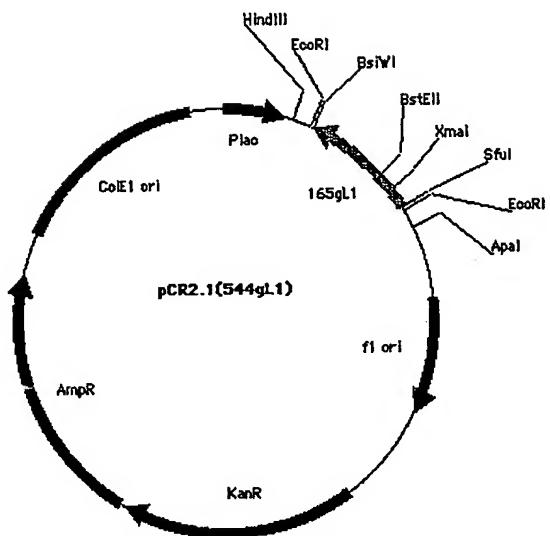
FIGURE 12: PLASMID MAPS OF INTERMEDIATE VECTORS PCR2.1 (544GL1)

FIGURE 13: OLIGONUCLEOTIDE CASSETTES USED TO MAKE FURTHER GRAFTS**gH4**

<u>XmaI</u>	10	20	30	40	50	<u>SacII</u>													
CC	GGG	AAT	AAC	TAC	GCT	ACA	TAT	AGG	AGA	AAT	CTA	AAG	GGC	AGA	GCA	ACG	CTG	ACC	GC
C	TTA	TTG	ATG	CGA	TGT	ATA	TCC	TCT	TTA	GAT	TTC	CCG	TCT	CGT	TGC	GAC	TGG		
P	G	N	N	Y	A	T	Y	R	R	N	L	K	G	R	A	T	L	T	A

gH5

<u>XmaI</u>	10	20	30	40	50	<u>SacII</u>													
CC	GGG	AAT	AAC	TAC	GCT	ACA	TAT	AGG	AGA	AAT	CTA	AAG	GGC	AGA	GTT	ACG	ATG	ACC	GC
C	TTA	TTG	ATG	CGA	TGT	ATA	TCC	TCT	TTA	GAT	TTC	CCG	TCT	CAA	TGC	TAC	TGG		
P	G	N	N	Y	A	T	Y	R	R	K	F	Q	G	R	V	T	M	T	A

gH6

<u>XmaI</u>	10	20	30	40	50	<u>SacII</u>													
CC	GGG	AAT	AAC	TAC	GCT	ACA	TAT	AGG	AGA	AAA	TTC	CAG	GGC	AGA	GCA	ACG	CTG	ACC	GC
C	TTA	TTG	ATG	CGA	TGT	ATA	TCC	TCT	TTT	AAG	GTC	CCG	TCT	CGT	TGC	GAC	TGG		
P	G	N	N	Y	A	T	Y	R	R	K	F	Q	G	R	A	T	L	T	A

gH7

<u>XmaI</u>	10	20	30	40	50	<u>SacII</u>													
CC	GGG	AAT	AAC	TAC	GCT	ACA	TAT	AGG	AGA	AAA	TTC	CAG	GGC	AGA	GTT	ACG	ATG	ACC	GC
C	TTA	TTG	ATG	CGA	TGT	ATA	TCC	TCT	TTT	AAG	GTC	CCG	TCT	CAA	TGC	TAC	TGG		
P	G	N	N	Y	A	T	Y	R	R	K	F	Q	G	R	V	T	M	T	A

gL2

<u>XmaI</u>	10	20	30	40	50	60															
<u>BstEII</u>	C	CGG	GGT	GAC	GTT	GTC	GTG	ACC	CAG	AGC	CCA	TCC	AGC	CTG	AGC	GCA	TCT	GTA	GGA	GAC	CGG
S	R	G	D	V	V	V	T	Q	S	P	S	S	L	S	A	S	V	G	D	R	V

FIGURE 14: COMPETITION ASSAY, COMPETING BINDING OF FLUORESCENTLY LABELLED MOUSE 5/44 ANTIBODY WITH GRAFTED VARIANTS.

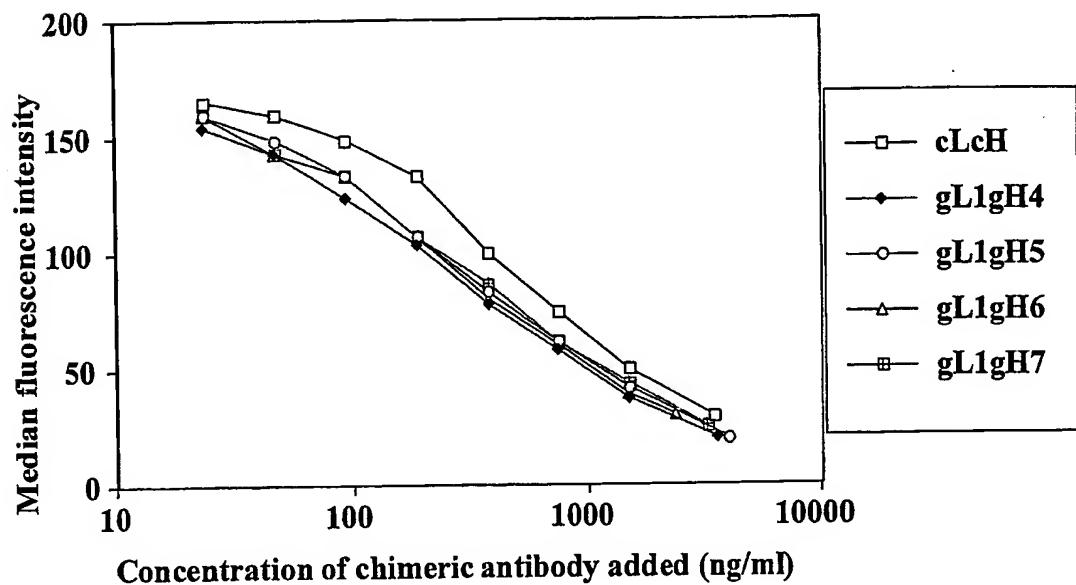


FIGURE 15: COMPETITION ASSAY, COMPETING BINDING OF FLUORESCENTLY LABELLED MOUSE 5/44 ANTIBODY WITH GRAFTED VARIANTS.

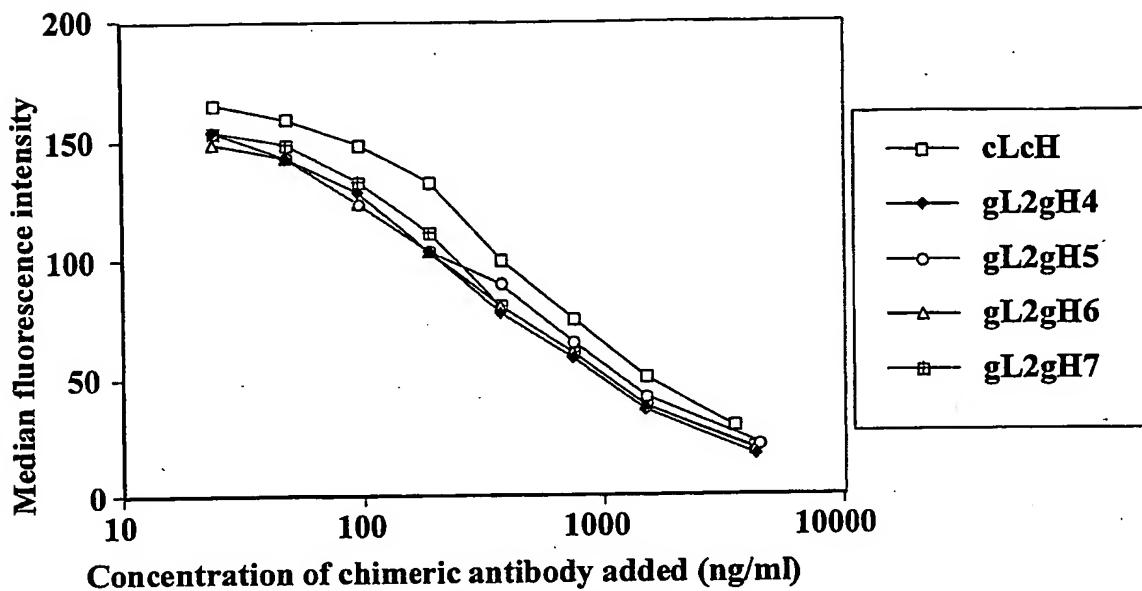


FIGURE 16: FULL DNA SEQUENCE OF GRAFTED HEAVY AND LIGHT CHAINS**a) Heavy Chain**

10	20	30	40	50	60				
AAGCTTGCCG	CCACC	ATG GAC	TTC GGA	TTC TCT	CTC GTG	CTG GCA	CAC CTC	ATT CTC	AAG
TTCGAACGGC	GGTGG	TAC CTG	AAG CCT	AAG AGA	GAG CAC	AAG GAC	CGT GAG	TAA GAG	TTC
M D F	G F S	L V F	L A L	I L	K>				
70	80	90	100	110					
GGA GTG	CAG TGT	GAG GTG	CAA TTG	GTC CAG	TCA GGA	GCA GAG	GTT AAG	AAG CCT	GGT
CCT CAC	GTC ACA	CTC CAC	GTG AAC	CAG GTC	AGT CCT	CGT CTC	CAA TTC	TTC GGA	CCA
G V Q	C E V	Q L V	Q S G	A E V	K K P	G>			
120	130	140	150	160	170				
GCT TCC	GTC AAA	GTT TCG	TGT AAG	GCT AGC	GGC TAC	AGG TTC	ACA AAT	TAT TGG	ATT
CGA AGG	CAG TTT	CAA AGC	ACA TTC	CGA TCG	CCG ATG	TCC AAG	TGT TTA	ATA ACC	TAA
A S V	K V S	C K A	S G Y	R F T	N Y W	I>			
180	190	200	210	220	230				
CAT TGG	GTC AGG	CAG GCT	CCG GGA	CAA GGC	CTG GAA	TGG ATC	GGT GGC	ATT AAT	CCC
GTA ACC	CAG TCC	GTC CGA	GGC CCT	GTG CCG	GAC CTT	ACC TAG	CCA CCG	TAA TTA	GGG
H W V	R Q A	P G Q	G L E	W I G	G G I	N P>			
240	250	260	270	280					
GGG AAT AAC	TAC GCT	ACA TAT	AGG AGA	AAA TTC	CAG GGC	AGA GTT	ACG ATG	ACC GCG	
CCC TTA	TTG ATG	CGA TGT	ATA TCC	TCT TTT	AAG GTC	CCG TCT	CAA TGC	TAC TGG	CGC
G N N Y	A T Y	R R K	F Q G	R V T M	T M T	A>			
290	300	310	320	330	340				
GAC ACC TCC	ACA AGC	ACT GTC	TAC ATG	GAG CTG	TCA TCT	CTG AGA	TCC GAG	GAC ACC	
CTG TGG	AGG TGT	TCG TGA	CAG ATG	TAC CTC	GAC AGT	AGA GAC	TCT AGG	CTC CTG	TGG
D T S	T S T	V Y M	E L S	S L R	S E D	T>			
350	360	370	380	390	400				
GCA GTG	TAC TAT	TGT ACT	AGA GAA	GGC TAC	GGT AAT	TAC GGA	GCC TGG	TTC GCC	TAC
CGT CAC	ATG ATA	ACA TGA	TCT CTT	CCG ATG	CCA TTA	ATG CCT	CGG ACC	AAG CGG	ATG
A V Y	Y C T	R E G	Y G N	Y G A	W F A	Y>			
410	420	430	440	450					
TGG GGC	CAG GGT	ACC CTA	GTC ACA	GTC TCC	TCA GCT	TCT ACA	AAG GGC	CCA TCC	GTC
ACC CCG	GTC CCA	TGG GAT	CAG TGT	CAG AGG	AGT CGA	AGA TGT	TTC CCG	GGT AGG	CAG
W G Q	G T L	V T	V S S	A S T	K G P	S V>			
460	470	480	490	500	510				
TTC CCC	CTG GCG	CCC TGC	TCC AGG	AGC ACC	TCC GAG	AGC ACA	GCC GCC	CTG GGC	TGC
AAG GGG	GAC CGC	GGG AC	GG AGG	TCC TCG	TGG AGG	CTC TCG	TGT CGG	CGG GAC	CCG ACG
F P L	A P C	S R S	T S E	S T A	A L G	C>			
520	530	540	550	560	570				
CTG GTC	AAG GAC	TAC TTC	CCC GAA	CCG GTG	ACG GTG	TCG TGG	AAC TCA	GGC GCC	CTG
GAC CAG	TTC CTG	ATG AAG	GGG CTT	GGC CAC	TGC CAC	AGC ACC	TTG AGT	CCG CGG	GAC
L V K	D Y F	P E	P V T	V S W	N S G	A L	L>		
580	590	600	610	620	630				
ACC AGC	GGC GTG	CAC ACC	TTC CCG	GCT GTC	CTA CAG	TCC TCA	GGG CTC	TAC TCC	CTC
TGG TCG	CCG CAC	GTG TGG	AAG GGC	CGA CAG	GAT GTC	AGG AGT	CCT GAG	ATG AGG	GAG
T S G	V H T	F P A	V L Q	S S G	L Y S	L>			

FIGURE 16 CONT.

640 650 660 670 680
 AGC AGC GTG GTG ACC GTG CCC TCC AGC AGC TTG GGC ACG AAG ACC TAC ACC TGC AAC
 TCG TCG CAC CAC TGG CAC GGG AGG TCG TCG AAC CCG TGC TTC TGG ATG TGG ACG TTG
 S S V V T V P S S S L G T K T Y T C N>
 690 700 710 720 730 740
 GTA GAT CAC AAG CCC AGC AAC ACC AAG GTG GAC AAG AGA GTT G GTGAGAGGCC
 CAT CTA GTG TTC GGG TCG TTG TGG TTC CAC CTG TTC TCT CAA C CACTCTCCGG
 V D H K P S N T K V D K R V>
 750 760 770 780 790 800 810
 AGCACAGGGA GGGAGGGTGT CTGCTGGAAG CCAGGCTCA CGCCCTCTGCC TGGAACGCACC CGGGCTGTGC
 TCGTGTCCCT CCCTCCCCACA GACGACCTTC GGTCCGAGTC GGGAGGACGG ACCTGCGTGG GGCGGACACG
 820 830 840 850 860 870 880
 AGCCCCAGCC CAGGGCAGCA AGGCATGCC CACATGTCTC CTCACCCGGA GGCCCTCTGAC CACCCCACTC
 TCGGGGTCTGG GTCCCGTCTG TCCGTACGGG GTAGACAGAG GAGTGGGCCT CGGGAGACTG GTGGGGTGAG
 890 900 910 920 930 940 950
 ATGCCCAGGG AGAGGGTCTT CTGGATTTTT CCACCCAGGCT CGGGGCAAGCC ACAGGCTGGA TGCCCCCTACC
 TACGGGTCCC TCTCCAGAA GACCTAAAAA GGTGGTCCGA GGCCCCGTGG TGTCCGACCT ACGGGGATGG
 960 970 980 990 1000 1010 1020
 CCAGGGCCCTG CGCATACAGG GGCAGGGTGT GCGCTCAGAC CTGCCAACAG AGCACACCTTC GAGGACCCCTG
 GGTCCGGGAC GCGTATGTCC CGTCCACGA CGCAGTCTG GACGGTTCTC GGTATAGGCC CTCCCTGGGAC
 1030 1040 1050 1060 1070 1080 1090
 CCCCTGACCT AAGCCCAACCC CAAAGGCCAA ACTCTCCACT CCCTCAGCTC AGACACCTTC TCTCCTCCCA
 GGGGACTGGGA TTGGGGTGGG GTTCCGGTT TGAGAGGTGA GGGAGTCGAG TCTGTGGAAG AGAGGAGGGT
 E S K Y G P P C P P>
 1160 1170 1180 1190 1200 1210 1220
 TGC CCA GGT AAGCCAACCC AGGCCTCGCC CTCCAGCTCA AGGCCGGACA GGTGCCCTAG AGTAGCCTGC
 ACG GGT CCA TTGGGTGGG TCCGGAGCGG GAGGTGAGT TCCGCCCTGT CCACGGGATC TCATCGGACG
 C P>
 1230 1240 1250 1260 1270 1280
 ATCCAGGGAC AGGCCCAAGC CGGGTGCTGA CGCATCCACC TCCATCTCTT CCTCA GCA CCT GAG TTC
 TAGGTCCCTG TCCGGGGTCG GCCCACGACT GCGTAGGTGG AGGTAGAGAA GGAGT CGT GGA CTC AAG
 A P E F>
 1290 1300 1310 1320 1330 1340
 CTG GGG GGA CCA TCA GTC TTC CTG CCC CCA AAA CCC AAG GAC ACT CTC ATG ATC
 GAC CCC CCT GGT AGT CAG AAG GAC AAG GGG GGT TTT GGG TTC CTG TGA GAG TAC TAG
 L G G P S V F L F P P K P K D T L M I>
 1350 1360 1370 1380 1390 1400
 TCC CGG ACC CCT GAG GTC ACG TGC GTG GTG GTG GAC GTG AGC CAG GAA GAC CCC GAG
 AGG GCC TGG GGA CTC CAG TGC ACG CAC CAC CTG CAC TCG GTC CTT CTG GGG CTC
 S R T P E V T C V V V D V S Q E D P E>

FIGURE 16 CONT.

1410 1420 1430 1440 1450
 GTC CAG TTC AAC TGG TAC GTG GAT GGC GTG GAG GTG CAT AAT GCC AAG ACA AAG CCG
 CAG GTC AAG TTG ACC ATG CAC CTA CCG CAC CTC CAC GTA TTA CGG TTC TGT TTC GGC
 V Q F N W Y V D G V E V H N A K T K P>

 1460 1470 1480 1490 1500 1510
 CGG GAG GAG CAG TTC AAC AGC ACG TAC CGT GTG GTC AGC GTC CTC ACC GTC CTG CAC
 GCC CTC CTC GTC AAG TTG TCG TGC ATG GCA CAC CAG TCG CAG GAG TGG CAG GAC GTG
 R E E Q F N S T Y R V V S V L T V L H>

 1520 1530 1540 1550 1560 1570
 CAG GAC TGG CTG AAC GGC AAG GAG TAC AAG TGC AAG GTC TCC AAC AAA GGC CTC CCG
 GTC CTG ACC GAC TTG CCG TTC CTC ATG TTC ACG TTC CAG AGG TTG TTT CCG GAG GGC
 Q D W L N G K E Y K C K V S N K G L P>

 1580 1590 1600 1610 1620 1630
 TCC TCC ATC GAG AAA ACC ATC TCC AAA GCC AAA GGTGG GACCCACGGG GTGCGAGGGC
 AGG AGG TAG CTC TTT TGG TAG AGG TTT CGG TTT CCACC CTGGGTGCC CACGCTCCCG
 S S I E K T I S K A K>

 1640 1650 1660 1670 1680 1690 1700
 CACATGGACA GAGGTCAAGCT CGGCCCACCC TCTGCCCTGG GAGTGACCGC TGTGCCAACC TCTGTCCCTA
 GTGTACCTGT CTCCAGTCGA GCGGGGTGGG AGACGGGACC CTCACTGGG ACACGGTTGG AGACAGGGAT

 1710 1720 1730 1740 1750
 CA GGG CAG CCC CGA GAG CCA CAG GTG TAC ACC CTG CCC CCA TCC CAG GAG GAG ATG
 GT CCC GTC GGG GCT CTC GGT GTC CAC ATG TGG GAC GGG GGT AGG GTC CTC CTC TAC
 G Q P R E P Q V Y T L P P S Q E E M>

 1760 1770 1780 1790 1800 1810
 ACC AAG AAC CAG GTC AGC CTG ACC TGC CTG GTC AAA GGC TTC TAC CCC AGC GAC ATC
 TGG TTC TTG GTC CAG TCG GAC TGG ACG GAC CAG TTT CCG AAG ATG GGG TCG CTG TAG
 T K N Q V S L T C L V K G F Y P S D I>

 1820 1830 1840 1850 1860 1870
 GCC GTG GAG TGG GAG AGC AAT GGG CAG CCG GAG AAC AAC TAC AAG ACC ACG CCT CCC
 CGG CAC CTC ACC CTC TCG TTA CCC GTC GGC CTC TTG TTG ATG TTC TGG TGC GGA GGG
 A V E W E S N G Q P E N N Y K T T P P>

 1880 1890 1900 1910 1920
 GTG CTG GAC TCC GAC GGC TCC TTC CTC TAC AGC AGG CTA ACC GTG GAC AAG AGC
 CAC GAC CTG AGG CTG CCG AGG AAG AAG GAG ATG TCG TCC GAT TGG CAC CTG TTC TCG
 V L D S D G S F F L Y S R L T V D K S>

 1930 1940 1950 1960 1970 1980
 AGG TGG CAG GAG GGG AAT GTC TTC TCA TGC TCC GTG ATG CAT GAG GCT CTG CAC AAC
 TCC ACC GTC CTC CCC TTA CAG AAG AGT ACG AGG CAC TAC GTA CTC CGA GAC GTG TTG
 R W Q E G N V F S C S V M H E A L H N>

 1990 2000 2010 2020 2030 2040
 CAC TAC ACA CAG AAG AGC CTC TCC CTG TCT CTG GGT AAA TGA GTGC CAGGGCCGGC
 GTG ATG TGT GTC TTC TCG GAG AGG GAC AGA GAC CCA TTT ACT CACG GTCCCGGCCG
 H Y T Q K S L S L S L G K *>

 2050 2060 2070 2080 2090 2100 2110
 AAGCCCCCGC TCCCCGGGCT CTCGGGGTCG CGCGAGGATG CTTGGCACGT ACCCGTCTA CATACTTCCC
 TTCGGGGCGC AGGGCCCGA GAGCCCCAGC GCGCTCCTAC GAACCGTGCA TGGGGCAGAT GTATGAAGGG

FIGURE 16 CONT

2120 2130 2140 2150 2160
AGGCACCCAG CATGGAAATA AAGCACCCAC CACTGCCCTG GCTCGAATTC
TCCGTGGTCA GTACCTTAT TTCTGGGTG GTGACGGGAC CGAGCTTAAG

FIGURE 16 CONT.**b) Light Chain**

10 20 30 40 50 60
 TTCGAAGCCG CCACC ATG AAG TTG CCT GTT AGG CTG TTG GTG CTT CTG TTG TTC TGG ATT
 AAGCTTCGGC GGTGG TAC TTC AAC GGA CAA TCC GAC AAC CAC GAA GAC AAC AAG ACC TAA
 M K L P V R L L V L L L F W I>

70 80 90 100 110
 CCT GCT TCC CGG GGT GAC GTT CAA GTG ACC CAG AGC CCA TCC AGC CTG AGC GCA TCT
 GGA CGA AGG GCC CCA CTG CAA GTT CAC TGG GTC TCG GGT AGG TCG GAC TCG CGT AGA
 P A S R G D V Q V T Q S P S S L S A S>

120 130 140 150 160 170
 GTA GGA GAC CGG GTC ACC ATC ACT TGT AGA TCC AGT CAG AGT CTT GCA AAC AGT TAT
 CAT CCT CTG GCC CAG TGG TAG TGA ACA TCT AGG TCA GTC TCA GAA CGT TTG TCA ATA
 V G D R V T I T C R S S Q S L A N S Y>

180 190 200 210 220 230
 GGG AAC ACC TTT TTG TCT TGG TAT CTG CAC AAA CCA GGT AAA GCC CCA CAA TTG CTC
 CCC TTG TGG AAA AAC AGA ACC ATA GAC GTG TTT GGT CCA TTT CGG GGT GTT AAC GAG
 G N T F L S W Y L H K P G K A P Q L L>

240 250 260 270 280
 ATC TAC GGA ATC TCT AAC AGA TTT AGT GGT GTA CCA GAC AGG TTC AGC GGT TCC GGA
 TAG ATG CCT TAG AGA TTG TCT AAA TCA CCA CAT GGT CTG TCC AAG TCG CCA AGG CCT
 I Y G I S N R F S G V P D R F S G S G>

290 300 310 320 330 340
 AGT GGT ACT GAT TTC ACC CTC ACG ATC TCG TCT CTC CAG CCA GAA GAT TTC GCC ACT
 TCA CCA TGA CTA AAG TGG GAG TGC TAG AGC AGA GAG GTC GGT CTT CTA AAG CGG TGA
 S G T D F T L T I S S L Q P E D F A T>

350 360 370 380 390 400
 TAT TAC TGT TTA CAA GGT ACA CAT CAG CCG TAC ACA TTC GGT CAG GGT ACT AAA GTA
 ATA ATG ACA AAT GTT CCA TGT GTA GTC GGC ATG TGT AAG CCA GTC CCA TGA TTT CAT
 Y Y C L Q G T H Q P Y T F G Q G T K V>

410 420 430 440 450
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 CTT TAG TTT GCA TGC CAT CGC CGG GGT AGA CAG AAG TAG AAG GGC GGT AGA CTA CTC
 E I K R T V A A P S V F I F P P S D E>

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 CAG TTG AAA TCT GGA ACT GCC TCT GTT GTG TGC CTG CTG AAT AAC TTC TAT CCC AGA
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 CTC CGG TTT CAT GTC ACC TTC CAC CTA TTG CGG GAG GTT AGC CCA TTG AGG GTC CTC
 E A K V Q W K V D N A L Q S G N S Q E>

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 AGT GTC ACA GAG CAG GAC AGC AAG GAC AGC ACC TAC AGC CTC AGC AGC ACC CTG AGC
 TCA CAG TGT CTC GTC CTG TCG TTC CTG TCG TGG ATG TCG GAG TCG TCG TGG GAC TGC
 S V T E Q D S K D S T Y S L S S T L T>

640 650 660 670 680

FIGURE 16 CONT

CTG AGC AAA GCA GAC TAC GAG AAA CAC AAA GTC TAC GCC TGC GAA GTC ACC CAT CAG
GAC TCG TTT CGT CTG ATG CTC TTT GTG TTT CAG ATG CGG ACG CTT CAG TGG GTA GTC
L S K A D Y E K H K V Y A C E V T H Q >

690 700 710 720 730 740
GGC CTG AGC TCG CCC GTC ACA AAG AGC TTC AAC AGG GGA GAG TGT TAG AGGGA
CCG GAC TCG AGC GGG CAG TGT TTC TCG AAG TTG TCC CCT CTC ACA ATC TCCCT
G L S S P V T K S F N R G E C * >

750 760 770 780
GAAAGTGCCCC CACCTGCTCC TCAGTTCCAG CCTGGGAATT C
CTTCACGGGG GTGGACGAGG AGTCAAGGTC GGACCCTTAA G

FIGURE 17: STRUCTURE OF AN ANTIBODY-NAC-GAMMA CALICHEAMICIN DMH CONJUGATE

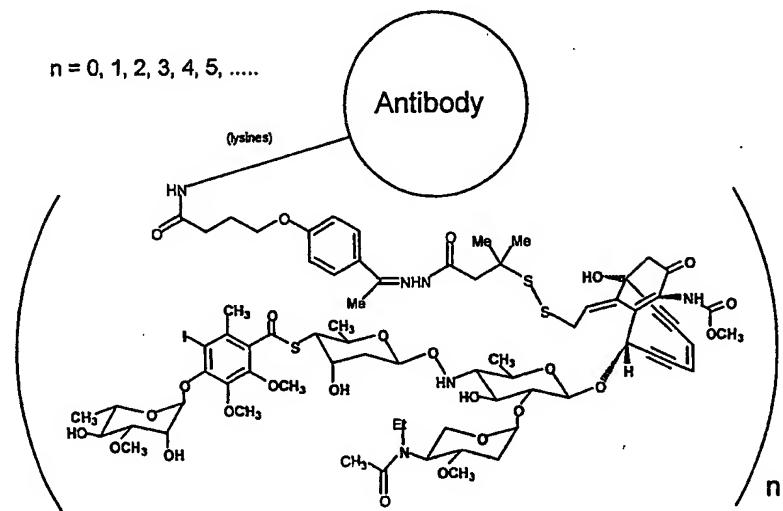


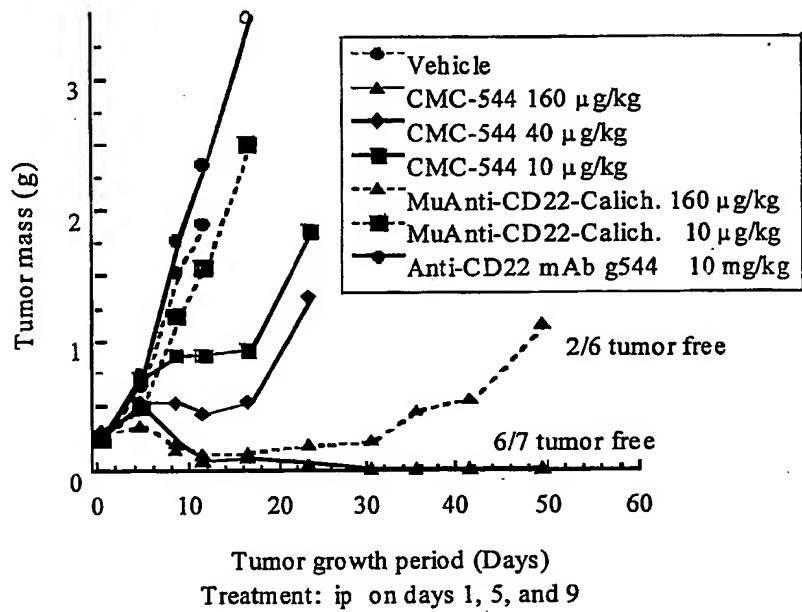
FIGURE 18: EFFECT OF CMC-544 ON GROWTH OF RAMOS B-CELL LYMPHOMA

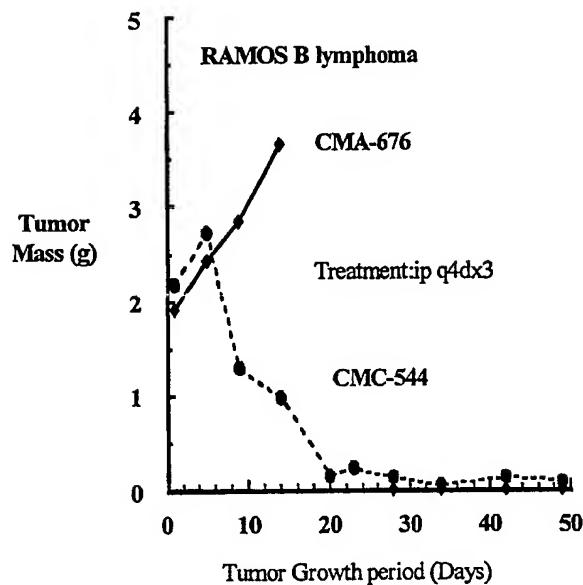
FIGURE 19: EFFECT OF CMC-544 ON LARGE B-CELL LYMPHOMAS

FIGURE 20: EFFECT OF CMC-544 MADE WITH THE CMA AND CMC CONJUGATION PROCEDURES ON THE GROWTH OF RL LYMPHOMA

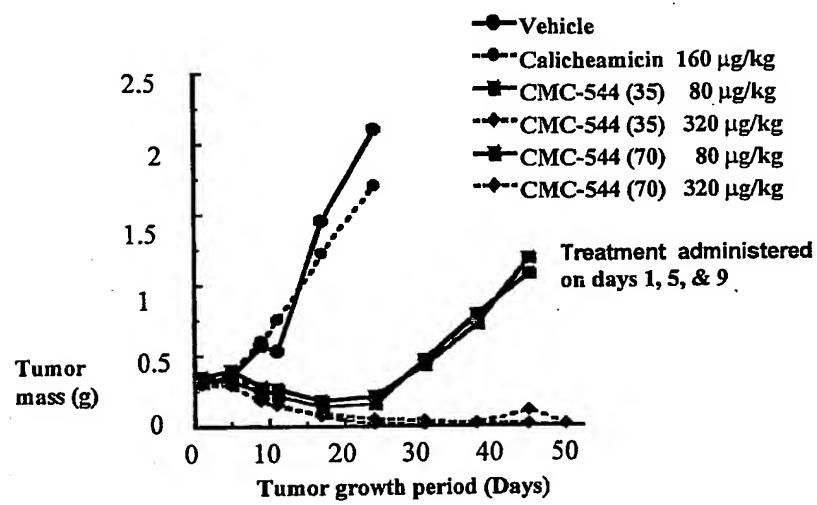


FIGURE 21: RITUXIMAB (RITUXAN™)-TREATED LARGE RL LYMPHOMA IS SUSCEPTIBLE TO CMC-544

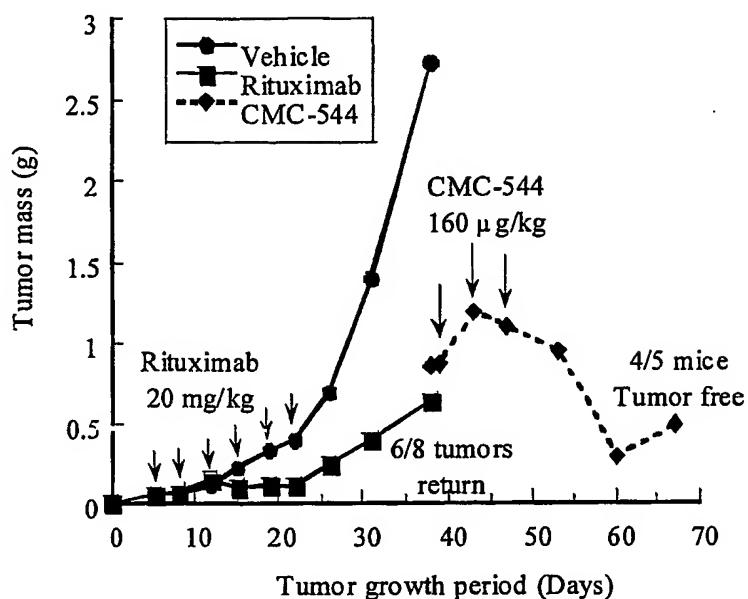


FIGURE 22: EFFECT OF RITUXIMAB (RITUXAN™) ON THE CYTOTOXIC ACTIVITY OF CMC-544

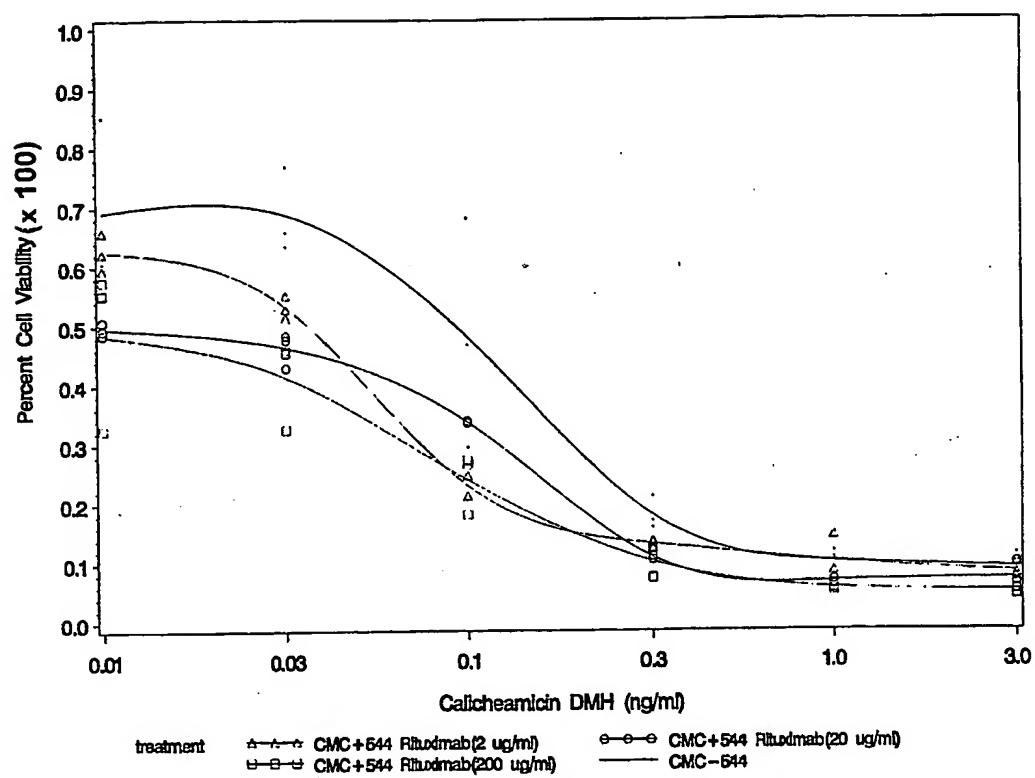


FIGURE 23: EFFECT OF CMC-544, RITUXIMAB (RITUXAN™)-, AND CMA-676 ON SURVIVAL OF SCID MICE WITH DISSEMINATED EARLY RAMOS B LYMPHOMA

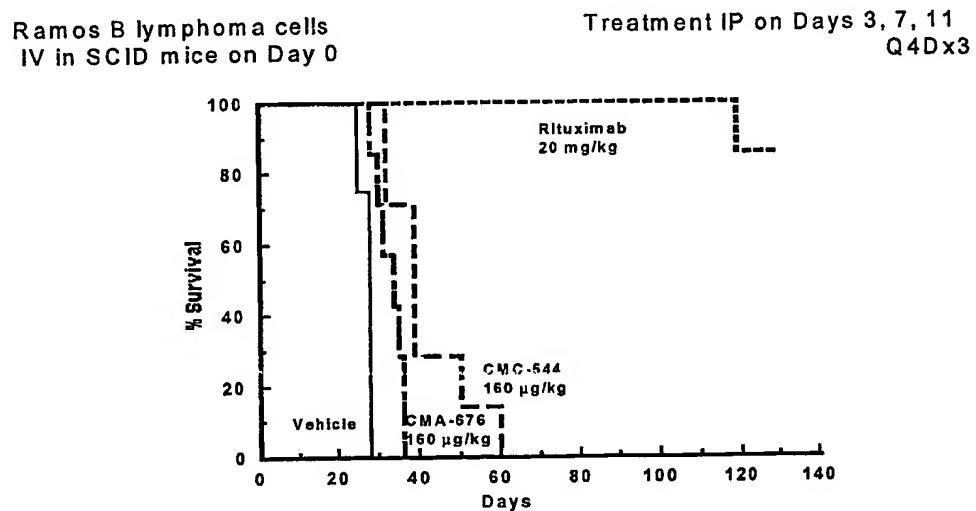


FIGURE 24: EFFECT OF CMC-544, RITUXIMAB (RITUXAN™), AND CMA-676 ON SURVIVAL OF SCID MICE WITH DISSEMINATED LATE RAMOS B LYMPHOMA

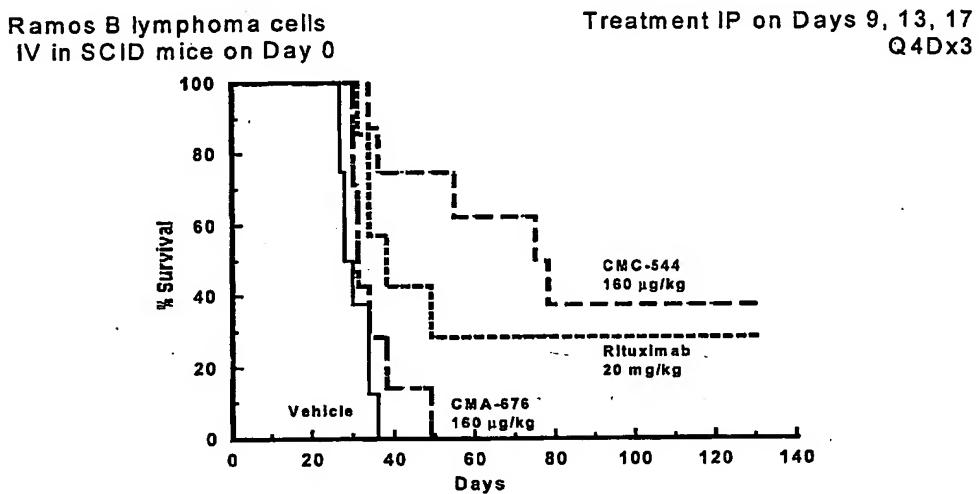


FIGURE 25: EFFECT OF CMC-544, RITUXIMAB (RITUXAN™), AND CMA-676 ON SURVIVAL OF SCID MICE WITH DISSEMINATED LATE RAMOS B LYMPHOMA

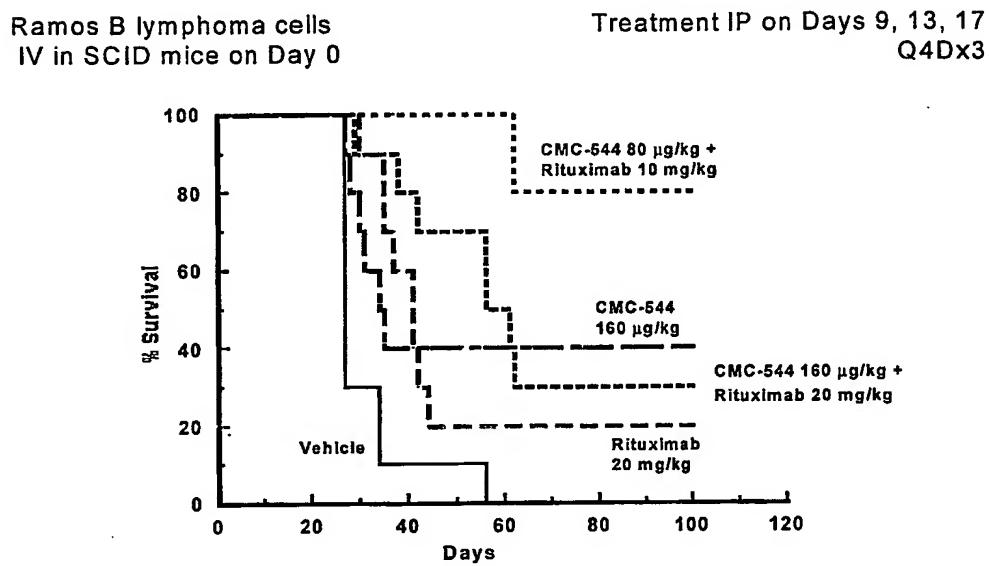


FIGURE 26: EFFECT OF CMC-544, RITUXIMAB (RITUXAN™), AND CMA-676 ON SURVIVAL OF SCID MICE WITH DISSEMINATED LATE RAMOS B LYMPHOMA

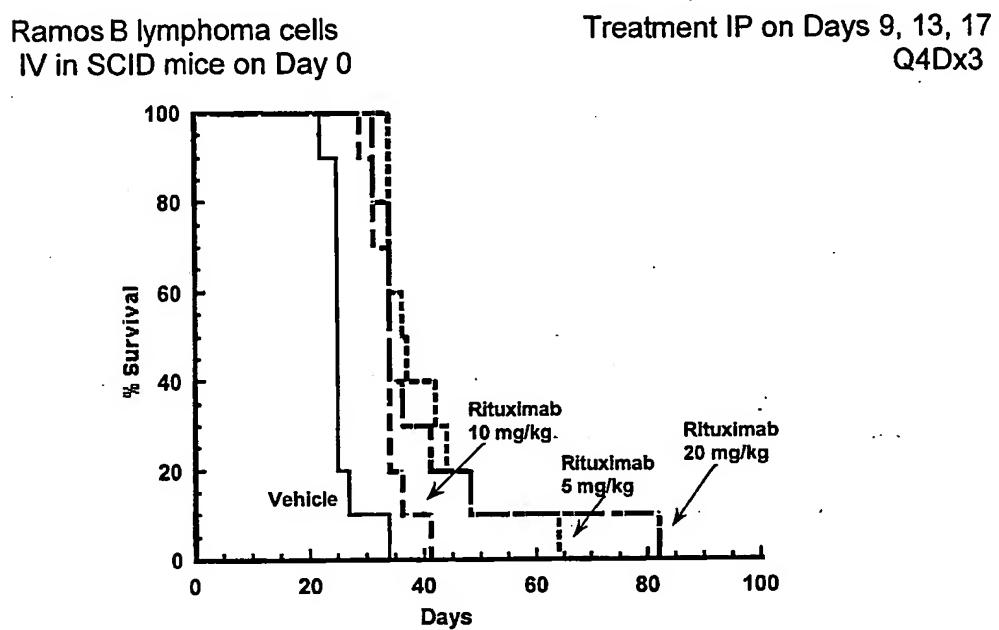


FIGURE 27: EFFECT OF CMC-544, RITUXIMAB (RITUXAN™), AND CMA-676 ON SURVIVAL OF SCID MICE WITH DISSEMINATED LATE RAMOS B LYMPHOMA

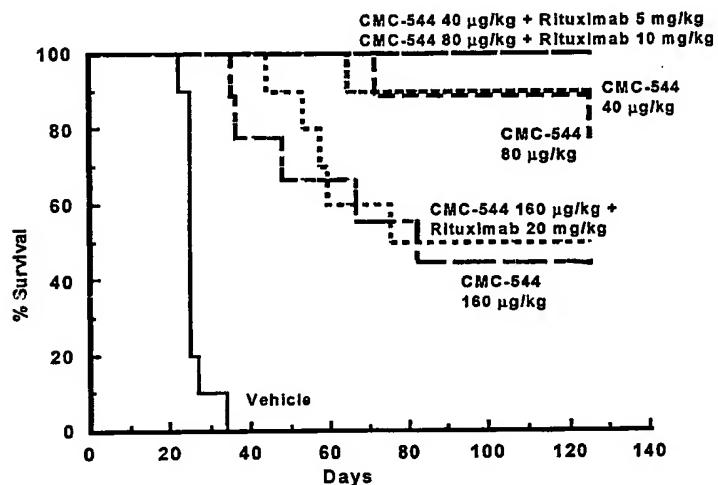


FIGURE 28: ANTI-TUMOR ACTIVITY OF CMC-544 WITH/WITHOUT RITUXIMAB (RITUXTAN™) ON RL NON-HODGKINS LYMPHOMA

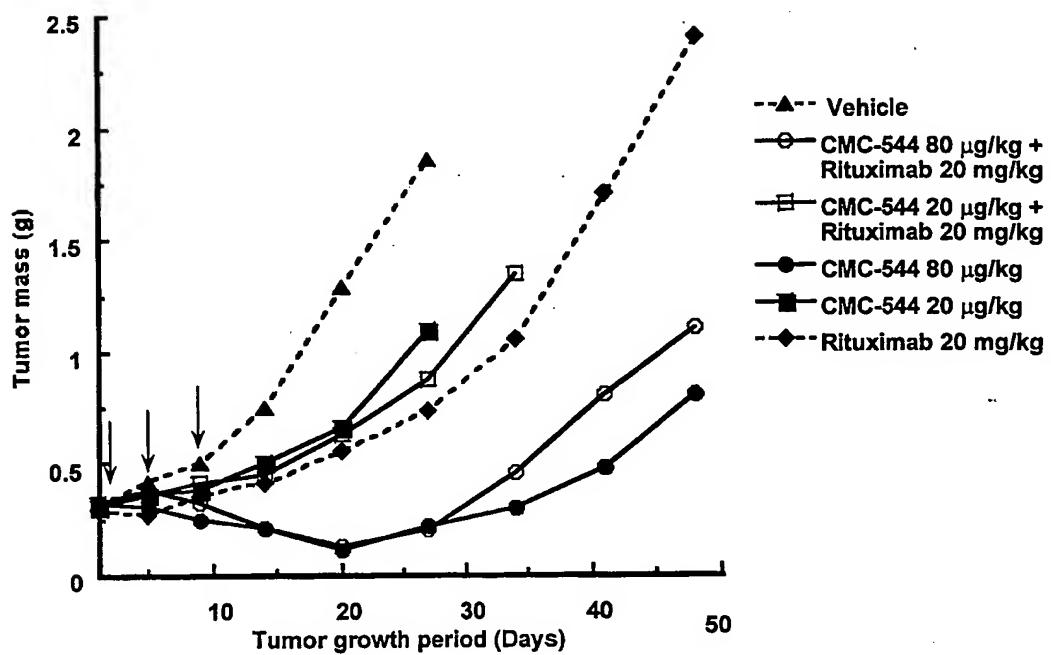
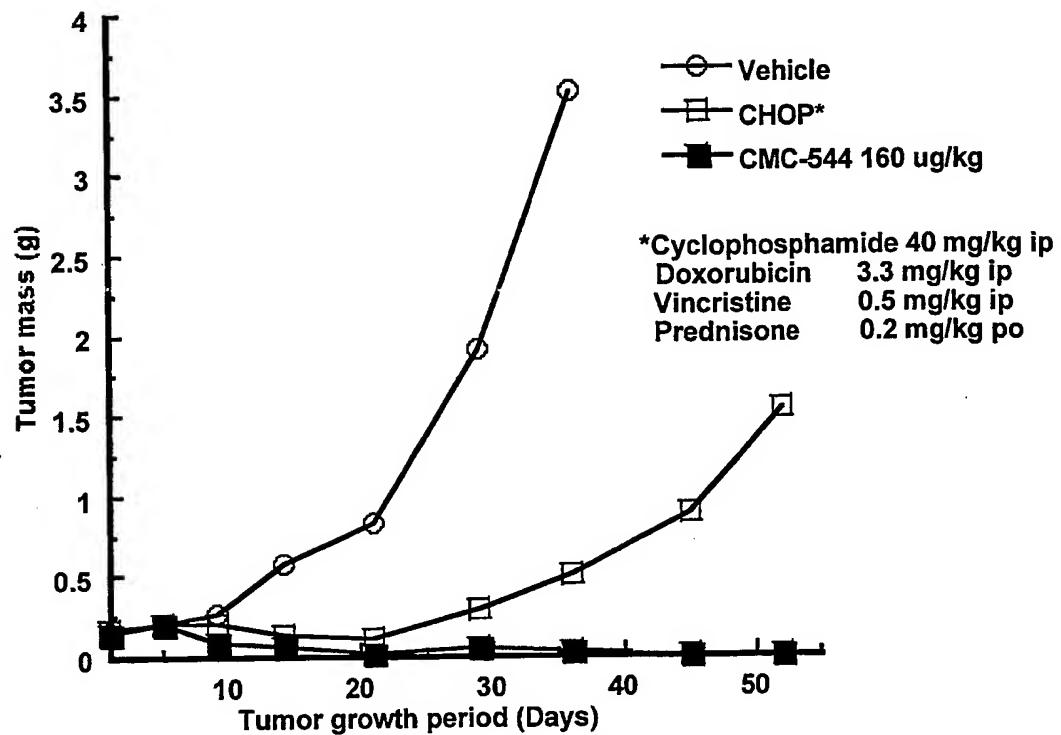


FIGURE 29: ANTI-TUMOR ACTIVITY OF CMC-544 AND CHOP ON RL NON-HODGKINS LYMPHOMA



SEQUENCE LISTING

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<120> CALICHEAMICIN DERIVATIVE-CARRIER CONJUGATES

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Gly

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Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala Tyr

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Gly Ile Ser Asn Arg Phe Ser

1 5

<210> 6

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Leu Gln Gly Thr His Gln Pro Tyr Thr

1 5

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Asp Val Val Val Thr Gln Thr Pro Leu Ser Leu Pro Val Ser Phe Gly

1 5 10 15

Asp Gln Val Ser Ile Ser Cys Arg Ser Ser Gln Ser Leu Ala Asn Ser

20 25 30

Tyr Gly Asn Thr Phe Leu Ser Trp Tyr Leu His Lys Pro Gly Gln Ser

35 40 45

Pro Gln Leu Leu Ile Tyr Gly Ile Ser Asn Arg Phe Ser Gly Val Pro

50 55 60

Asp Arg Phe Thr Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Lys Ile

65 70 75 80

Ser Thr Ile Lys Pro Glu Asp Leu Gly Met Tyr Tyr Cys Leu Gln Gly

85 90 95

Thr His Gln Pro Tyr Thr Phe Gly Gly Thr Lys Leu Glu Ile Lys

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1 5 10 15

Ser Val Lys Met Ser Cys Lys Ala Ser Gly Tyr Arg Phe Thr Asn Tyr

20 25 30

Trp Ile His Trp Val Lys Gln Arg Pro Gly Gln Gly Leu Glu Trp Ile

35 40 45

Gly Gly Ile Asn Pro Gly Asn Asn Tyr Thr Thr Tyr Lys Arg Asn Leu

50 55 60

Lys Gly Lys Ala Thr Leu Thr Ala Val Thr Ser Ala Ser Thr Ala Tyr

65 70 75 80

Met Asp Leu Ser Ser Leu Thr Ser Glu Asp Ser Ala Val Tyr Tyr Cys

85 90 95

Thr Arg Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala Tyr Trp Gly

100 105 110

Gln Gly Thr Leu Val Thr Val Ser Ser

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Gly

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Gly

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Asp Arg Val Thr Ile Thr Cys Trp Tyr Gln Gln Lys Pro Gly Ala

20 25 30

Pro Lys Leu Leu Ile Tyr Gly Val Pro Ser Arg Phe Ser Gly Ser Gly

35 40 45

Ser Gly Thr Asp Phe Thr Leu Thr Ile Ser Ser Leu Gln Pro Glu Asp

50 55 60

Phe Ala Thr Tyr Tyr Cys

65 70

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<213> Homo sapiens

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Asp Arg Val Thr Ile Thr Cys Arg Ser Ser Gln Ser Leu Ala Asn Ser
20 25 30

Tyr Gly Asn Thr Phe Leu Ser Trp Tyr Leu His Lys Pro Gly Lys Ala
35 40 45

Pro Gln Leu Leu Ile Tyr Gly Ile Ser Asn Arg Phe Ser Gly Val Pro

50 55 60

Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Thr Ile
65 70 75 80

Ser Ser Leu Gln Pro Glu Asp Phe Ala Thr Tyr Tyr Cys Leu Gln Gly
85 90 95

Thr His Gln Pro Tyr Thr Phe Gly Gln Gly Thr Lys Val Glu Ile Lys
100 105 110

Arg

<210> 20

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Asp Arg Val Thr Ile Thr Cys Arg Ser Ser Gln Ser Leu Ala Asn Ser
20 25 30

Tyr Gly Asn Thr Phe Leu Ser Trp Tyr Leu His Lys Pro Gly Lys Ala
35 40 45

Pro Gin Leu Leu Ile Tyr Gly Ile Ser Asn Arg Phe Ser Gly Val Pro
50 55 60

Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe Thr Leu Thr Ile
65 70 75 80

Ser Ser Leu Gln Pro Glu Asp Phe Ala Thr Tyr Tyr Cys Leu Gln Gly
85 90 95

Thr His Gln Pro Tyr Thr Phe Gly Gln Gly Thr Lys Val Glu Ile Lys
100 105 110

Arg

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Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Thr Phe Thr Trp Val
20 25 30

Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Met Gly Lys Phe Gln Gly
35 40 45

Arg Val Thr Met Thr Arg Asp Thr Ser Thr Ser Thr Val Tyr Met Glu
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Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys Ala Arg
65 70 75 80

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Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser

1 5 10

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Glu Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ala

1 5 10 15

Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Arg Phe Thr Asn Tyr

20 25 30

Trp Ile His Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Ile

35 40 45

Gly Gly Ile Asn Pro Gly Asn Gln Tyr Thr Thr Tyr Lys Arg Asn Leu

50 55 60

Lys Gly Arg Ala Thr Leu Thr Ala Asp Thr Ser Thr Ser Thr Val Tyr

65 70 75 80

Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys

85 90 95

Thr Arg Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala Tyr Trp Gly

100 105 110

Gln Gly Thr Leu Val Thr Val Ser Ser

115 120

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Glu Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ala

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Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Arg Phe Thr Asn Tyr

20 25 30

Trp Ile His Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Ile

35 40 45

Gly Gly Ile Asn Pro Gly Asn Asn Tyr Ala Thr Tyr Arg Arg Asn Leu

50 55 60

Lys Gly Arg Ala Thr Leu Thr Ala Asp Thr Ser Thr Ser Thr Val Tyr

65 70 75 80

Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys

85 90 95

Thr Arg Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala Tyr Trp Gly

100 105 110

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Glu Val Gln Leu Val Gin Ser Gly Ala Glu Val Lys Lys Pro Gly Ala

1 5 10 15

Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Arg Phe Thr Asn Tyr

20 25 30

Trp Ile His Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Ile

35 40 45

Gly Gly Ile Asn Pro Gly Asn Asn Tyr Ala Thr Tyr Arg Arg Asn Leu

50 55 60

Lys Gly Arg Val Thr Met Thr Ala Asp Thr Ser Thr Ser Thr Val Tyr

65 70 75 80

Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys

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Thr Arg Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala Tyr Trp Gly

100 105 110

Gln Gly Thr Leu Val Thr Val Ser Ser

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Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Arg Phe Thr Asn Tyr

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Trp Ile His Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Ile

35 40 45

Gly Gly Ile Asn Pro Gly Asn Asn Tyr Ala Thr Tyr Arg Arg Lys Phe

50 55 60

Gln Gly Arg Ala Thr Leu Thr Ala Asp Thr Ser Thr Ser Thr Val Tyr

65 70 75 80

Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys

85 90 95

Thr Arg Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala Tyr Trp Gly

100 105 110

Gln Gly Thr Leu Val Thr Val Ser Ser

115 120

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Glu Val Gln Leu Val Gln Ser Gly Ala Glu Val Lys Lys Pro Gly Ala

1 5 10 15

Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Arg Phe Thr Asn Tyr

20 25 30

Trp Ile His Trp Val Arg Gln Ala Pro Gly Gln Gly Leu Glu Trp Ile

35 40 45

Gly Gly Ile Asn Pro Gly Asn Asn Tyr Ala Thr Tyr Arg Arg Lys Phe

50 55 60

Gln Gly Arg Val Thr Met Thr Ala Asp Thr Ser Thr Ser Thr Val Tyr
65 70 75 80

Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val Tyr Tyr Cys
85 90 95

Thr Arg Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala Tyr Trp Gly
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Gln Gly Thr Leu Val Thr Val Ser Ser
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Ala Ser Arg Gly Asp Val Gln Val Thr Gln Ser Pro Ser Ser Leu Ser
20 25 30

Ala Ser Val Gly Asp Arg Val Thr Ile Thr Cys Arg Ser Ser Gln Ser
35 40 45

Leu Ala Asn Ser Tyr Gly Asn Thr Phe Leu Ser Trp Tyr Leu His Lys
50 55 60

Pro Gly Lys Ala Pro Gln Leu Leu Ile Tyr Gly Ile Ser Asn Arg Phe

65 70 75 80

Ser Gly Val Pro Asp Arg Phe Ser Gly Ser Gly Ser Gly Thr Asp Phe

85 90 95

Thr Leu Thr Ile Ser Ser Leu Gln Pro Glu Asp Phe Ala Thr Tyr Tyr

100 105 110

Cys Leu Gln Gly Thr His Gln Pro Tyr Thr Phe Gly Gln Gly Thr Lys

115 120 125

Val Glu Ile Lys Arg Thr Val Ala Ala Pro Ser Val Phe Ile Phe Pro

130 135 140

Pro Ser Asp Glu Gln Leu Lys Ser Gly Thr Ala Ser Val Val Cys Leu

145 150 155 160

Leu Asn Asn Phe Tyr Pro Arg Glu Ala Lys Val Gln Trp Lys Val Asp

165 170 175

Asn Ala Leu Gln Ser Gly Asn Ser Gln Glu Ser Val Thr Glu Gln Asp

180 185 190

Ser Lys Asp Ser Thr Tyr Ser Leu Ser Ser Thr Leu Thr Leu Ser Lys

195 200 205

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Gly Leu Ser Ser Pro Val Thr Lys Ser Phe Asn Arg Gly Glu Cys

225 230 235

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accttttgtt ctgttatct gcacaaacca ggtaaagccc cacaattgtt catctacgga 240
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gtctacgcct gcgaagtcac ccatcaggcc ctgagctcgc ccgtcacaaa gagcttcaac 720
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781

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20 25 30

Pro Gly Ala Ser Val Lys Val Ser Cys Lys Ala Ser Gly Tyr Arg Phe
35 40 45

Thr Asn Tyr Trp Ile His Trp Val Arg Gln Ala Pro Gly Gln Gly Leu
50 55 60

Glu Trp Ile Gly Gly Ile Asn Pro Gly Asn Asn Tyr Ala Thr Tyr Arg
65 70 75 80

Arg Lys Phe Gln Gly Arg Val Thr Met Thr Ala Asp Thr Ser Thr Ser
85 90 95

Thr Val Tyr Met Glu Leu Ser Ser Leu Arg Ser Glu Asp Thr Ala Val
100 105 110

Tyr Tyr Cys Thr Arg Glu Gly Tyr Gly Asn Tyr Gly Ala Trp Phe Ala
115 120 125

Tyr Trp Gly Gln Gly Thr Leu Val Thr Val Ser Ser Ala Ser Thr Lys
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Gly Pro Ser Val Phe Pro Leu Ala Pro Cys Ser Arg Ser Thr Ser Glu
145 150 155 160

Ser Thr Ala Ala Leu Gly Cys Leu Val Lys Asp Tyr Phe Pro Glu Pro
165 170 175

Val Thr Val Ser Trp Asn Ser Gly Ala Leu Thr Ser Gly Val His Thr
180 185 190

Phe Pro Ala Val Leu Gln Ser Ser Gly Leu Tyr Ser Leu Ser Ser Val
195 200 205

Val Thr Val Pro Ser Ser Leu Gly Thr Lys Thr Tyr Thr Cys Asn

210 215 220

Val Asp His Lys Pro Ser Asn Thr Lys Val Asp Lys Arg Val Glu Ser

225 230 235 240

Lys Tyr Gly Pro Pro Cys Pro Pro Cys Pro Ala Pro Glu Phe Leu Gly

245 250 255

Gly Pro Ser Val Phe Leu Phe Pro Pro Lys Pro Lys Asp Thr Leu Met

260 265 270

Ile Ser Arg Thr Pro Glu Val Thr Cys Val Val Val Asp Val Ser Gln

275 280 285

Glu Asp Pro Glu Val Gln Phe Asn Trp Tyr Val Asp Gly Val Glu Val

290 295 300

His Asn Ala Lys Thr Lys Pro Arg Glu Glu Gln Phe Asn Ser Thr Tyr

305 310 315 320

Arg Val Val Ser Val Leu Thr Val Leu His Gln Asp Trp Leu Asn Gly

325 330 335

Lys Glu Tyr Lys Cys Lys Val Ser Asn Lys Gly Leu Pro Ser Ser Ile

340 345 350

Glu Lys Thr Ile Ser Lys Ala Lys Gly Gln Pro Arg Glu Pro Gln Val

355 360 365

Tyr Thr Leu Pro Pro Ser Gin Glu Glu Met Thr Lys Asn Gin Val Ser

370 375 380

Leu Thr Cys Leu Val Lys Gly Phe Tyr Pro Ser Asp Ile Ala Val Glu

385 390 395 400

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9

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101

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